

[index](#) [view](#) [history](#) [talk](#)

## Introduction

### Wiki Index

## Introduction

These pages are a collection of links to information about surgeons around the world. Originally it was only links containing photos of MTF SRS results based on my (HiddenStill) personal research into SRS, but has been expanded. **There's a wide range of information here and some of it may be disturbing.**

I've tried to avoid expressing my personal opinions on these pages but there is bias in what I've collected due to my interests at the time. I'm trying to round it out to include links of more general interest to everyone, but it's a long term project. As a result **what you see here is not necessarily representative of what's available on Internet.** **Further, links posted here are not an endorsement that the surgeons are good, or even competent. Please bear that in mind and do your own research.**

Note that there's a fair number of negative posts about surgeons here as it's one of the things I'm most interested in. All experienced surgeons have negative reviews and it's not something that should rule automatically one out. I like to consider the number of negative vs positive reviews. There's also more links for some surgeons than others, partly due to my personal focus. I'll continue to edit and add to these pages over time and if anyone knows of any results, links, corrections, or improvements please let me know.

I generally only list posts or video's where I can identify the surgeon. Unfortunately a lot of YouTuber's don't mention their surgeons, or bury the information in their video's where I'm not inclined to find it.

I normally add links in the wiki without asking permission, but if the original poster wants links removed from these pages please let me know. There was a complaint/discussion on this here on reddit, [My issue with the Transgender\\_Surgeries Wiki - and how I propose to solve this issue in 2021](#)

Many of the links should be explored further. For example, I list only one YouTube video rather than all of them by the same person.

Web pages in foreign languages can easily be translated using the Google Chrome browser.

This sub was created as the wiki for [/r/Transgender\\_Surgeries](#). Having a separate sub allows the wiki to be made 18+ without making the parent sub 18+.

## Help Improve The Wiki

Please help add to this collection of information. It benefits all of us.

I usually see most trans related posts, but please also

- reply to one of my posts/comments
- just type [/u/HiddenStill](#) in a post/comment
- pm me (however I prefer to have information public so I can link to it).

## About Me

There's nothing much I want to say. My username [u/HiddenStill](#) was chosen because I'd spent years trying not to transition. It's made me overly cautious, to the point where I say very little about myself and I especially don't like talking about anything recent. It probably doesn't really matter, but it's not entirely rational anymore.

When I started out on reddit I used to post my opinions on surgeons just like anyone else, but I've pulled back from that and mostly stopped. This wiki and moderating has given me more attention and influence than I'm comfortable with, and I don't think it's fair for me to influence anyone's choice in surgeon beyond providing links to resources. For all these reasons if/when I have surgery I'm not going to post about it under this account.

I go by female pronouns online and male in real life.

I'm not and never have been in any medical field. My work is far removed from that.

## Male to Female (MTF) Surgery

- Sex Reassignment Surgery (SRS)
- Facial Feminization Surgeries (FFS)
- Voice Feminization Surgery (VFS)
- Breasts
- Hips & Butt
- Hair transplant
- Other Surgeries

## Female to Male (FTM) Surgery

I don't know much about this, but there's a lot of photo's on [transbucket](#) and [/r/ftm](#) on reddit.

If anyone wants to create and maintain some FTM wiki pages, or creates a similar FTM wiki please let me know.

reddit

- [r/phallo](#) - "A discussion-based subreddit for those curious about, interested in, pursuing, or who have gone through phalloplasty and anyone else who wants to discuss it in a supportive and respectful atmosphere. This sub is not exclusive to trans people, but you are expected to respect all gender identities if you wish to participate here." - also see their [wiki](#)
- [r/EverythingPhallo](#)
- [r/Metoidioplasty](#) - "A community for anyone who wants to learn more about or share their experience with metoidioplasty. Metoidioplasty is a type of lower surgery for transmasculine individuals and non-binary people."
- [r/metoidio](#) - "A discussion-based subreddit for those curious about, interested in, pursuing, or who have gone through metoidioplasty and anyone else who wants to discuss it in a supportive and respectful atmosphere."
- [r/TopSurgery](#)
- [r/Top\\_Surgery\\_Perl](#)
- [r/FTMSurgeryTalk](#)
- [r/ftmbottomsurgery](#) "This subreddit was banned due to being unmoderated."
- [r/ftmsurgeryexperience](#) - "A space for trans men and transmasculine people to share their experience with surgeries or procedures related to transition. Ideally, this sub will function as a resource for those searching for surgeons."
- [r/ftmperi](#) - "For trans guys who want/have had periareolar or keyhole top surgery to share and connect with each other."
- [r/FreedTheNips](#) - "A supportive, body positive community for nippleless trans and/or non-binary individuals."
- [r/gynecomastia](#) - "A place where you can feel free to share your experiences with Gynecomastia. Use this subreddit to learn about, post questions, and discuss any topics relating to gynecomastia. Also, share your success stories of gynecomastia treatments."
- [r/salmacian](#) - "A subreddit for people who desire a mixed genital set (for example, a penis and a vagina)."
- [r/FTMHysto](#)

Other somewhat related subs

- [r/ftm](#) and [wiki](#)
- [r/GrowYourClit](#) - "The equivalent of [r/GrowYourClit](#), but for FTMs and NBs. For sharing strategies in maximizing bottom growth, DHT creams, and pumping. Ideally for people who don't mind full body testosterone changes, but we'll try and help NBs if TERFs ban you from other growth subs. Lurkers and positive comments welcome! Please check out other subreddits for NSFW FTM content."
- [r/GrowYourClit](#) - "This subreddit was created to help women learn about the simple, safe, easy and highly beneficial process of growing a larger clit."
- [r/Minoxbeards](#)
- [r/FTMResourceCenter](#)/[comments/cj4xyg/list\\_of\\_ftm\\_specific\\_subreddits](#) - large list of FTM subs
- [r/Seahorse\\_Dads](#) - "A safe space for trans men with biological children, whether you're trying, expecting, had an accidental pregnancy, or have already had your children."
- [r/FTMPorn](#) - "Gay, straight, solo, group, any kind of porn as long as it is FTM involved!"
- [r/FTMMenPorn](#) - "Share masculine porn featuring masculine trans men in masculine roles."
- [r/Transmascdicks](#) - "Please only post prosthetic penises! This will be a helpful resource when someone wants to buy a prosthetic but also a fun community to share dick pics... This should be more of an informational page of dick pics rather than a porn/sexual page."

There's some non-binary and FTM groups in Facebook wiki page.

The book [Management of gender dysphoria : a multidisciplinary approach](#) contains chapters on FTM surgery.

Blogs

- <https://myphallodiary.home.blog/>

Other links

- <https://ukftm.tumblr.com/post/141957005682/hi-sorry-to-be-a-bother-but-is-there-somewhere> - UK FTM surgeon results
- <https://www.andrology.co.uk/phalloplasty/formation-of-the-phallus>
- <https://www.phallo.net> - I'd guess this site is paid for by surgeons/advertising. Treat it as a list of surgeons rather than a list of good surgeons.
- paper [Phalloplasty: techniques and outcomes](#) by Aaron L. Heston, Nick O. Esmonde, Daniel D. Dugi III, Jens Urs Berli in 2019

Articles

- [nymag](#) - [My Penis, Myself I didn't need a penis to be a man. But I needed one to be me.](#) by Gabriel Mac in 2021

## Facial Masculinization Surgery

Papers

- 2021 - [Facial Masculinization from Procedures to Payment: A Review](#) by Jason Harris, Ishani D. Premaratne, Jason A. Spector
- 2011 - [Dr. Paul Tessier and facial skeletal masculinization](#) by Douglas K Ousterhout

## Introduction

### Help Improve The Wiki

#### About Me

#### Male to Female (MTF) Surgery

#### Female to Male (FTM) Surgery

#### Intersex

#### Choosing a surgeon

##### Choosing a new surgeon

##### Becoming a Surgeon

##### Researching on Internet

##### Allure Aesthetics 2022 in USA

##### Facebook

##### Trans Media Network

##### Doctor Awards

##### Consumers Research Council of America

##### Bias on Review Sites

#### Affording Surgery

#### Malpractice Insurance in the USA

##### Florida

##### Texas

#### Smoking and Recreational Drugs

##### Nicotine

#### Piercings

##### Order of Surgeries

##### Medical Tattoos

##### Silicone Injections

##### Biopolymer Injections

#### Travel

##### Travel Insurance

#### Making Useful Surgery Posts

##### Linking a series of posts

##### Requests for help with choosing FFS procedures

##### Posting Images

#### Fear

#### Pre-existing Conditions

#### Complications

##### Death

##### Hair Loss

##### Opiate Withdrawal

##### Post-op Depression

##### Scars

##### Bio Oil

##### Botox

##### Verteporfin

##### Stroke

#### Gender Differences

#### Legal Action & Complaints Against Surgeons

#### Removing Negative Reviews

##### Allure Aesthetics 2022 in USA

#### Supporting a Partner Through Surgery

#### Medical Guidelines

##### Informed Consent

##### Gatekeeping

##### Conversion Therapy

##### DSMs

##### Differential Diagnosis

##### ICD 11

##### ICD 10

#### WPATH Standards of Care

##### Version 7 Psych letters for Chest/Breast Augmentation

##### Version 7 Psych letters for Genital Surgery

#### COVID-19

## Intersex

reddit

- [Transgender patients should not have to disclose their previously assigned gender for medical reasons.](#) by syrahslips in 2021

## Choosing a surgeon

Women have many varied reasons for choosing their surgeon and prioritise different things. These include

- Cost/Insurance
- Aesthetic and functional results
- Risk and severity of complications
- Post-op support by surgeon
- Similarity of end result to natal female
- Close to home
- Feel safer in their own country, fear of travel, lack of trust in foreign surgeons
- Ability to sue doctors for bad results
- Friends recommendations
- Availability of support, friends, family
- Surgical technique
- Depth or width
- Wait list
- Surgeons experience
- Eligibility for surgery (BMI, age, etc)
- Combining SRS with other procedures (eg FFS or BA)
- Hair removal not required (look at the hair removal wiki page to see what this actually means)
- Surgeon is trans (In the USA, Marci Bowers, Christine McGinn, Ellie Zara Ley, Gregory Dowbak (BBL in Florida))

If you have freedom to choose a surgeon it can be difficult to get started evaluating them due to the amount of choice. Personally I'd start by looking at the most popular surgeons as judged by the number of reviews in the wiki - they are presumably popular for a reason and the number of reviews make it easier to judge the risk of having problems. ie no botched surgeries for a surgeon with no reviews doesn't mean anything, except that a surgeon with no reviews probably doesn't have much practice/skill either. Look at photos of results very carefully and educate yourself on what you are looking at - you may find you have different opinions on what is good/bad to others.

Some are looking for the best surgeon in the world, money no object. It's not an easy question to answer - I've noticed a number of exceptionally wealthy trans women all choosing different surgeons. I'd start looking at surgeon in the USA and Thailand, starting with the most popular.

Some prefer surgeons in their own country so that it's easier to get problems taken care of. This post mentions local surgery in both Sweden and Germany and still having problems getting doctors to help.

- reply to [Update on my SRS issues from 5 days ago](#) by ligge-woo in 2019

I'm not aware of anyone who's successfully sued a surgeon for botched trans surgery anywhere in the world.

Surgeons have different eligibility requirements for surgery. Some (many) will not perform surgery under 18. In Thailand it is not legal to perform surgery under 18, and parental permission is required under 20. There's a wide variation in health/weight (BMI).

reddit

- reply to [Bottom surgery advice!](#) by NatalieSurgeryDiary in 2023
- [Do you think it's important to choose a surgeon as close as possible?](#) by AmbitiousFlowers in 2023s
- [What are other good sources for trans surgery result info apart from Reddit?](#) by vajop in 2022
- [Who to avoid and who would you personally recommend/ go to?](#) by Idontknow610 in 2022
- [Which SRS surgeons should you 100% avoid?](#) by Lianna999 in 2021
- [PPT \(Bluebond-Langer\) vs. PI \(McGinn\) vs. non-PI \(Banks\) - A lot of conflicting info out there. Can anyone help clarify the differences? What exactly is motivating surgeons to practice each techniques? How is Suporn's technique not being practiced anywhere else?](#) by Intelligent\_Kiwi2755 in 2021
- [MTF SRS: learning, deciding, and everything before the actual surgery](#) by 2d4d\_data in 2021
- [What I've Learned from Preparing for 4 Trans Surgeries.](#) by jasmine1106 in 2021
- [Surgical skill aside, do you find value in going to a surgeon who is a trans woman?](#) by erroneousY in 2020
- [mtf, newly researching grs; lost, confused, overwhelmed](#) by Rare-Philosophy-5146 in 2020
- [Question about MTF SRS/GRS](#) by KnoxKat - this is asking about size of donor material

Transgender Health

- [Choosing a Surgeon: An Exploratory Study of Factors Influencing Selection of a Gender Affirmation Surgeon](#) in 2016

## Choosing a new surgeon

And by new I mean inexperienced at this particular surgery.

The 2020 paper [Adverse events associated with gender affirming vaginoplasty surgery](#) by Cecile A Ferrando studied complications by a new surgeon and concluded

The incidence of serious adverse events related to vaginoplasty surgery is low, whereas minor events are common. After a threshold of 50 vaginoplasty surgeries, these events were reduced, including the need for revision surgery.

This is my opinion for what it's worth.

There's many new trans surgeons appearing in recent years. You might reasonably think that all surgeons are highly qualified professionals who are all much the same, and none of them could possibly be incompetent. After all, even the best surgeons in the world were once inexperienced and unknown. And even the best still have reports of botched surgeries. So what if you choose one of these?

You may have little choice due to insurance, or perhaps they are close to your home and you value that. Still, I think it's worth understanding the risks.

There's two main issues.

- Going by the (many) reviews I've read surgeons get better as they get more experience. i.e. less complications. That makes sense. If that's true then obviously a new surgeon will be worse, and you're more likely to have complications. When then do they get as good as they are ever going to be? I've no idea, but I'd guess it's before you'll find a reasonable number of reviews.
- You won't be able to find many reviews of the surgeon, and perhaps none at all. This is fundamentally important as not all surgeons are equal and some are frankly terrible. Which one is yours? If the surgeon has a botched surgery rate of 10%, and you manage to find 5 reviews there's every chance you'll never know. Even 20 reviews is not a great number. For a new surgeon you're not going to find 5 reviews. And even if it's not totally botched, is it the result you're looking for?

Some complications are minor and easily rectified. Others will be a traumatic journey over many years and multiple surgeons, and some appear to be hopeless. I would suggest you want to reduce the chance of this ever happening. You may not get it to zero as even the most well-regarded surgeons have cases, but you can reduce it.

Here's some cases worth reading

- reply to [Sabrina all surgeons say this is text book normal vulvar anatomy surgeon: Kathy Rumer](#) by EmmaLake in 2021
- [When GRS recovery never ends](#) by EmmaLake in 2021
- [When Surgeons Fail Their Trans Patients on Gender Confirming Surgery](#) in 2020 - this is from an experienced surgeon
- <http://hannahsimpson.com/Surgery> and associated comment here I need your help... because... I don't know how much longer I can keep going on this way. Please. Any help. I'm begging you.

Papers

- 2020 - [Adverse events associated with gender affirming vaginoplasty surgery](#) by Cecile A Ferrando - "The incidence of serious adverse events related to vaginoplasty surgery is low, whereas minor events are common. After a threshold of 50 vaginoplasty surgeries, these events were reduced, including the need for revision surgery.". Note that this is a single surgeon, a small sample, and still only 76 surgeries. There are surgeons who have 1000 cases, and a few with over 2000.

## Becoming a Surgeon

YouTube

- [Surgery Secrets with Dr. Blair Peters](#) by Surgery 101 in 2021
- [Day in the Life - Gender Surgeon \[Ep. 20\]](#) by Kevin Jubbal, M.D. - "Our highly anticipated Day in the Life series is back with a very special episode with Dr. John Brosious, a gender surgeon practicing in Las Vegas, Nevada. As you'll discover in this episode, you don't have to fit the stereotypical doctor mold to be successful in medicine or to transform patients' lives. This is a day in his life."
- [So You Want to Be a GENDER SURGEON \[Ep. 35\]](#) by Med School Insiders in 2022 - "After medical school, there are a few different pathways to becoming a gender surgeon, and which pathway you choose will be dependent on which area of gender surgery you wish to go into. The most common pathway to becoming a gender surgeon is to complete a plastic surgery residency followed by either a one-year gender surgery fellowship or a one-year microvascular fellowship. That being said, there are other pathways to becoming a gender surgeon as well." and also "Huge shout out to Gender Surgeon Dr. John Brosious for helping me with this video. See a Day in His Life on my other channel, Kevin Jubbal, M.D."

## Researching on Internet

I'll add some information here about how to search for surgery information. TBA.

reddit

- [What are other good sources for trans surgery result info apart from Reddit?](#) by vajop in 2022
- [How to Get Publications that Aren't Available Online 101](#) by Alyw234237 in 2019
- [How to Research MTF HRT and the Biomedical Scientific Literature 101](#) by Alyw234237 in 2018

If you search for the surgeon's name together with the keywords malpractice, lawsuit, etc, and find lots of hits of the surgeon's own site it may indicate the surgeon is trying to hide something, so keep looking. See this post

- From LinkedIn - [Dealing with Negative Search Results: How to Get Rid of the Bad Stuff](#) - Suppress (or bury) the negative content with Reverse SEO. Your other option for minimizing the reputation damage of negative content is with search engine suppression, also referred to as Reverse SEO. This is akin to fighting fire with fire. Instead of trying to remove content, you simply create more in an effort to bury the negative content in the search results. In most cases, suppression via Search Engine Optimization (SEO) - i.e. Reverse SEO - is not only effective at removing negative content from the first few pages of search results, but it also works to strengthen your online branding and/or promote your business in a positive light. Most consumers will only visit the first few links returned in search results. As you create SEO-focused content, your page rises to the top of the search ranks, while other pages move down. If you can get the negative content pushed to the third or fourth page, it's likely that consumers won't even see it."

**AG Ferguson files lawsuit against Seattle-based plastic surgery clinic for bribing, threatening patients to falsely inflate its online ratings** by Washington State Office of the Attorney General on 29 DEcember 2022 - "Attorney General Bob Ferguson today filed a federal lawsuit against Allure Esthetic, a major plastic surgery provider in Seattle, and its owner, Dr. Javad Sajan, for **falsely and illegally inflating its ratings on online rating platforms such as Yelp and Google. The company intimidated patients into removing negative reviews, and ordered its employees to post fake positive reviews.**" \* reddit Discussion on [r/medicine](#)

YouTube

- Washington attorney general announces plastic surgery lawsuit by KING 5

## Facebook

See [r/TransWiki/wiki/facebook](#)

## Trans Media Network

There's network of advertising sites targeting trans people, combining information about surgery with advertising specific surgeons. I'd guess it is funded by surgeons advertising fees, and it contains advertising by surgeons who large numbers of negative reviews.

- <https://www.transmedianetwork.com> - "Trans Media Network is published by Joshua Riverdale, a veteran web developer, marketer and publisher who also just happens to be transgender." - the following are part of this network
  - <https://www.transhealthcare.org>
  - <https://www.phallo.net>
  - <https://www.hysto.net>
  - <https://www.topsurgery.net>
  - <https://www.metoidioplasty.net>
  - <https://www.ftnsurgery.net>
  - <https://www.mtsurgery.net>
  - <https://www.topsurgeryaustralia.com>
  - <https://www.facialfeminization.net>
  - <https://www.topsurgeryflorida.com>
  - <https://www.topsurgerymexico.com>

Note, on their [legal page](#) - Trans Media Network is **not responsible** for any medical and/or medical provider information that is posted on its websites. We do not advocate any particular medical services provider. Trans Media Network does not provide any medical advice or diagnosis to its users. Any process leading to the acceptance of any services is at your own risk.

reddit

- Update on wound dehiscence. (Surgeon Dr. Kathy Rumer) by Babysoots in 2024 - I've been using promogram as instructed by Dr. Rumer. I thought I did my research checked out surgeons closer to me (I'm in the north east) and I found her on a website called [trans healthcare.org](#) I am very scared but I havent missed a dilation session. I just have no clue what to do right now.

## Doctor Awards

- I'm a Journalist. Apparently, I'm Also One of America's "Top Doctors." by Marshall Allen in 2019
- This journalist is one of America's 'Top Doctors.' (Spoiler: He's not a doctor.) in 2019 - "Marshall Allen was surprised, to say the least, when he was named a "Top Doctor" in America—mostly because he's not a doctor at all."

reddit

- I know there's no merit to these "awards" and they can just be purchased, but the average pt doesn't know that and it's dangerous. Chiro claiming they're physicians. in 2021

## Consumers Research Council of America

- ABC News Investigates Top Doctor Awards: Are they Always Well Deserved? ABC News investigates the Consumer's Research Council of America. in 2012 - "Dr. Silverberg said, "It's a sham. I've practiced zero days of dentistry in my life- and I still received this award for being one of America's Top Dentists. ... But Tenny remains listed as a "Top Surgeon" despite more than a dozen medical malpractice cases against him between 1983 and the time of Maribeth Chase's surgery in 2007. ""

## Bias on Review Sites

There are several major sources of information on transgender surgery

- reddit - reddit doesn't appear to have any significant bias, except for the bias inherent selection bias of being on reddit in the first place
- Facebook - significant bias due to promotion by surgeons & medical tourism companies. See above.
- [Susans](#) - often removes or edits posts critical of surgeons, unfortunately introducing significant bias. Note that susans appears have significantly less traffic in recent years than it did in the past and is rapidly becoming irrelevant as a source of information. There's some discussion in this post [PSA: susans.org is not a trustworthy site for information on surgeons](#) in 2020, see also reply to [What proportion of MTF SRS is "successful"?](#) in 2020. Note that people have been severely harmed by censorship on susans, eg reply to [What proportion of MTF SRS is "successful"?](#) by BotchedSRS in 2020

I've seen a number of complaints about the medical review site [realself](#) that among other things it removes negative reviews for doctors that pay, and there's lots of fake reviews.

- Cosmetic surgeon accused of doctoring reviews on Google in The Sydney Morning Herald in 2021, "Cosmetic surgeon and social media star Dr Daniel Lanzer has been accused of paying an unhappy patient to replace a negative online review of a procedure at one of his clinics with a glowing testimonial."
  - Cosmetic surgeon and social media star Dr Daniel Lanzer has given a legally enforceable undertaking to stop practising medicine in Australia. in The Sydney Morning Herald in 2021
  - Shocking practices exposed in Australia's cosmetic surgery industry | Four Corners by ABC News In-depth in 25 October 2021

- Better Business Bureau, RealSelf, Inc
- reddit/Transgender\_Surgeries FFS Bensimon and Brassard results pics removed from Realself by HealthyCompete9573 in 2020
- How are FAKE Reviews Legal???? by Penguin\_Peanut in 2020
- reddit/PlasticSurgery How are Fake Reviews Legal by LanaaKat in 2019
- reddit/PlasticSurgery DO NOT TRUST REALSELF REVIEWS! by Davidmiller1083 in 2019
- reddit/PlasticSurgery Is it true that realself is corrupt? in 2019
- reddit/censorship Realself bans and censorship in 2018
- reddit/PlasticSurgery Be warned: RealSelf.com will delete your negative reviews in 2018
- reddit/PlasticSurgery A warning: Realself deletes bad reviews quite often. Use them but don't rely on them alone.
- Pissed Consumer, Realself
- <https://www.sitejabber.com/reviews/realself.com>
- <https://www.complaintsboard.com/realself-b123430>
- <https://www.bbb.org/western-washington/business-reviews/health-care-referral/real-self-in-seattle-wa-22674843/reviews-and-complaints>
- <http://messageboards.makemeheal.com/rhinoplasty/realself-allowing-fake-reviews-for-sponsored-surgeons-t167768.html>
- reddit/PlasticSurgery Why I don't trust Realself and plastic surgery reviews in general by gynosurgeryio in 2019, see also [here](#) and [here](#).
- reddit/PlasticSurgery How to know which surgeon to trust? in 2018
- [http://www.missfacialplasticsurgery.com/missjforum/yaf\\_posts10777\\_Realself---banned-and-locked-out.aspx#post221665](http://www.missfacialplasticsurgery.com/missjforum/yaf_posts10777_Realself---banned-and-locked-out.aspx#post221665)
- <https://uk.trustpilot.com/review/realself.com>
- <https://www.minclaw.com/removing-fake-negative-reviews-realself/> - discusses how to remove negative and fake reviews from realself

ABC News Investigates Top Doctor Awards: Are They Always Well Deserved? in 2012

Miami Herald in 2016 State moves to revoke license of Miami 'butt lift' surgeon accused of medical malpractice - "Florida health officials this week took steps to revoke the medical license of a Miami cosmetic surgeon accused of severely injuring at least four patients in May 2015 while performing liposuction and another procedure known as a "Brazilian butt lift." and "The Miami Herald contacted the women after they posted comments about the doctor on a cosmetic surgery referral website called RealSelf.com, where Omulepu has received high ratings."

Given that, I'd be concerned if there were a large discrepancy between the number or quality of reviews on a site like realself and susans/reddit. Some surgeons have a lot of self created material but very few independent reviews, which also concerns me.

I'd also be cautious where surgeons feature in articles in lots of magazines, newspapers and social media. There's a risk that they are really good at marketing and their reputation is influenced by that rather than their skills.

## Affording Surgery

reddit

- I will literally do anything to get surgeries. What should I do? by sara\_charleston\_ts in 2020
- How did y'all save money for SRS? in 2018

## Malpractice Insurance in the USA

A number of states do not require doctors to carry malpractice insurance, and some of the surgeons listed in this wiki do not have it (I've not checked all of them).

- <https://www.gallaghermalpractice.com/blog/post/going-bare-are-doctors-required-to-have-malpractice-insurance> - "Alabama, Alaska, Arizona, Arkansas, California, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Iowa, Kentucky, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington and West Virginia."

Why doesn't a doctor carry malpractice insurance?

- <http://www.kaplanlegal.com/hidden-danger-uninsured-doctors/> - "Most attorneys will not take on a medical malpractice case if it is known that the doctor is uninsured because even if the patient is successful, it may be difficult if not impossible to collect."
- <https://www.realself.com/question/michigan-mi-concern-doctor-medical-malpractice-insurance-red-flag>
- <https://www.nbcbayarea.com/news/local/Does-Your-Dr-Have-Malpractice-Insurance-Maybe-Not--382113561.html>

The huffpost article [Patients, Beware When Doctors 'Go Bare'](#) from 2013 makes some very clear points

- Often, this means that a patient killed or injured by a careless, uninsured physician could potentially be left with little or no compensation for their damages, medical bills and lost wages.

- Virtually every lawyer who sues doctors in Florida takes the case on a contingency fee basis, in my experience. That means they will only get paid if and when the case resolves. It also means that the lawyer is responsible for fronting the costs of the investigation and trial. Because uninsured doctors are undesirable defendants for most personal injury lawyers, when any Florida medical malpractice lawyer investigates a potential claim, one of the first questions asked is, "Does the doctor have malpractice insurance?"
- In addition to the sign, uninsured doctors have to obtain an irrevocable line of credit to pay a malpractice claim. The line must be made payable to the doctor upon presentation of a final judgment or settlement. The funds cannot be used for litigation costs or defense attorney's fee."
- Doctors who do not operate or have staff privileges are only required to maintain a line of credit equal to \$100,000 per claim or \$300,000 per incident. Doctors who operate or have hospital privileges must have a line of \$250,000 or \$750,000 per incident.

## Florida

Many doctors in Florida do not carry malpractice insurance. Doctors that do not have malpractice insurance must legally display this notice

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), F.S.

A quick way to find if a surgeon does not have malpractice insurance is to search for their name and in quotes "DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE", or search this site and look under the "Financial Responsibility" tab of the doctors "Practitioner Profile".

- <https://appsmqa.doh.state.fl.us/MQASearchServices/Home>

There's probably a lot more than this, but I stopped looking. I'd guess there are far larger numbers of serious complications that are not reported in the news.

<https://www.sun-sentinel.com/sfl-florida-mother-of-girl-brain-damaged-by-plastic-surgery-warns-about-clinics-20160601-story.html>

<https://www.kktplaw.com/blog/2018/07/plastic-surgery-patient-undergoing-popular-procedure-dies.shtml>

<https://www.charlotteobserver.com/living/health-family/article78343107.html> in 2016 - "The Florida Department of Health has charged doctors who work at Encore Plastic Surgery and two other clinics, Vanity Cosmetic Surgery and Spectrum Aesthetics in Miami, with medical malpractice and employing unlicensed professionals. Yet they continue to operate."

YouTube

- [Inside Miami's deadly plastic surgery industry | Fault Lines Documentary](#) by Al Jazeera English in 2023

## Texas

reddit

- reply to [Sarah Saxon \(Austin, Texas\) \(Student of Spiegel\) blocked my phone number when I told her I had post-surgical complications and asked her to call me back.](#) by thornhawthorne in 2024 - "I can't get a lawyer to take my case. They're all saying it's not worth it. I have contacted 20+ attorneys in DFW so far... Texas law severely limits how much you can sue for and every lawyer is like "I want more money than that for this""

## Smoking and Recreational Drugs

Applies to all plastic surgeries.

reddit

- [r/opiates](#)
- [Being on Suboxone While going through SRS surgery](#) by SalStyles in 2023
- [Cannabis for dilation related pain](#) by princessxha in 2022 - "... but I really was not fine in weeks 2-4. Dilation was uncharacteristically painful. More painful than most people report. Severe, sharp, burning pain on the inside... I found small quantities (0.2g combusted) of it before each dilation session (3x day) to be a godsend. Smoked pure, no tobacco of course. I would compare the type of pain relief to opiates. You still have the pain but you don't feel it properly because you're too fuzzy. It was as 'mind-numbing' as strong opiates but without the addiction/danger, constipation and extreme sedation."
- reply to [becoming addicted to weed](#) by NatsWallis in 2021
- [The doctors only have opioids and I can feel myself becoming addicted to it again. \(RANT\)](#) by MissTaylor2020 in 2020
- [WARNING FOR RECOVERING OPIATE ADDICTS INTERESTED IN SURGERY](#) by ald47 in 2020
- [Marijuana and Surgery](#) by MeZooey in 2019
- [Marijuana Extract Post-Op](#) by SinAthens in 2019
- [What do you do if a person is in need of real pain relief but has a history of painkiller abuse?](#) in [r/medicine](#) by LegalizeChemistry around 2019
- [Smoking four days before breast augmentation](#) in [r/anesthesiology](#) in 2018
- [Did you \\*really\\* quit smoking before your BA?](#) in 2018
- [Anybody here knowledgeable about this?](#) in [r/anesthesiology](#) in 2018 - cross post of [Is there any danger in smoking weed the night before getting your wisdom teeth out, along with being a regular smoker?](#)
- [I have a heavy history of ketamine and benzo abuse and have a permanent tolerance to both. Will these effect my surgery?](#) in [r/anesthesiology](#) in 2018
- [Cocaine, anesthesia and elective plastic surgery.](#) in [r/anesthesiology](#) in 2017

YouTube

- [What they don't tell you about cannabis before surgery- Dr. Kaveh LIVE](#) by Medical Secrets in 2023

<https://420intel.com/articles/2018/07/25/can-you-smoke-cannabis-after-plastic-surgery> - "Most well-regarded plastic surgeons recommend refraining from smoking cannabis for six weeks before and after any surgery. Medical experts believe that patients should protect their investment and give their bodies enough time to recover naturally and completely" and "If you get the okay, it is best to avoid smoking any substance and instead take cannabis in other forms."

potguide.com

- [Is Smoking Cannabis Before Surgery Dangerous?](#) in 2018

New York Times

- [Want a Face-Lift? First, Better Stop Smoking](#) in 2008 - "For the last 5 to 10 years, many plastic and cosmetic surgeons have refused to operate on smokers, especially those seeking a face-lift, tummy tuck, or breast-lift — procedures that require skin to be shifted." and ""Nowadays if a doctor knew a patient was smoking and they did flap surgery," he said, referring to an operation where shifting skin is required, "many of us would say that's malpractice.""

Science News

- [Vaping 'no better' than smoking when surgery is needed](#) in 2017

[Can quitting smoking before surgery prevent complications?](#), last update 2018, "Quitting smoking one or two months before planned surgery can significantly lower the risk of complications like poor wound healing."

Harvard Medical School

- [Coming clean: Your anesthesiologist needs to know about marijuana use before surgery](#) in 2020

Papers

- 2022 - [Coming Soon: Ability to Orgasm After Gender Affirming Vaginoplasty](#) by Gaines Blasdel, Carmen Kloer, Augustus Parker, Elijah Castle, Rachel Bluebond-Langner, Lee C. Zhao - "A total of 199 patients underwent surgery from September 2017 to August 2020. The median time to orgasm was 180 days. 178 patients had completed 1 year or greater of follow-up, and of these patients, 153 (86%) were orgasmic and 25 patients (14%) were not. Difficulty in preoperative orgasm was correlated only with older age (median age 45.9 years vs 31.7, P = .03). Postoperative orgasm was not significantly correlated with preoperative orgasm. **The only factor related to postoperative orgasm was smoking history: 12 of 55 patients (21.8%) who had a positive smoking history and sufficient follow-up reported anorgasmia (P-value .046).** Interventions for anorgasmic patients include testosterone replacement, pelvic floor physical therapy, and psychotherapy."
- 2021 - [Perioperative cannabis use: a longitudinal study of associated clinical characteristics and surgical outcomes](#) by Jenna McAfee, Kevin F Boehnke, Stephanie M Moser, Chad M Brummett, Jennifer F Waljee, Erin E Bonar - "Cannabis use is relatively low in this surgical population, yet cannabis users have higher clinical pain, poorer scores on quality of life indicators, and higher opioid use before and after surgery. Cannabis users reported similar surgical outcomes, suggesting that cannabis use did not impede recovery."
- 2021 - [The Effects of Cannabis: Implications for the Surgical Patient](#) by Libby R. Copeland-Halperin, Laura C. Herrera-Gomez, Jennifer R. LaPier, Nina Shank, and Joseph H. Shin - "Surgeons should consider effects of cannabis in the perioperative setting. Little is known about its perioperative effects on wound healing, or on cardiovascular, pulmonary, and hematologic physiology."
- 2018 - [Current evidence on the role of smoking in plastic surgery elective procedures: A systematic review and meta-analysis](#) by 30023-8/abstract - "Smoking predisposes to surgical site infections, delayed wound healing and skin necrosis in patients undergoing the most common aesthetic procedures in plastic surgery."
- 2018 - [Surgical considerations of marijuana use in elective procedures](#) in 2018 by Henry B. Huson, Tamara Marryshow Granados, and Yvonne Raskoc
- 2016 - [E-Cigarettes and Potential Implications for Plastic Surgery](#).
- 2013 - [Facial changes caused by smoking: a comparison between smoking and nonsmoking identical twins.](#) - not surgery, but a good reason to stop smoking
- 2013 - [Plastic surgery and smoking: a prospective analysis of incidence, compliance, and complications.](#) - "active smoking was strongly correlated with complications"
- 2011 - [A comprehensive review of opioid-induced hyperalgesia](#) by Marion Lee, Sanford M Silverman, Hans Hansen, Vikram B Patel, Laxmaiah Manchikanti - "Opioid-induced hyperalgesia (OIH) is defined as a state of nociceptive sensitization caused by exposure to opioids. The condition is characterized by a paradoxical response whereby a patient receiving opioids for the treatment of pain could actually become more sensitive to certain painful stimuli."

## Nicotine

- 2021 - [Nicotine replacement therapy in surgical patients](#) by Marcela Kanova , Katerina Tejkalova, Jan Neiser, Roman Kula - "This study did not confirm the effect of nicotine replacement therapy in reducing the incidence of delirium, it did not shorten the total duration of ICU stay or artificial ventilation and there was no reduced sedation requirement. We therefore saw no beneficial effect in patients receiving nicotine replacement therapy following elective surgery."
- 2019 - [The Association of Nicotine Replacement Therapy With Outcomes Among Smokers Hospitalized for a Major Surgical Procedure](#) by Mihaela S. Stefan, et al. - "This is the first large observational study of surgical patients to demonstrate that perioperative NRT is not associated with adverse outcomes after surgery. These results strengthen the evidence that NRT should be prescribed routinely in the perioperative period."
- 2019 - [Influence of Tobacco Smoking on Perioperative Risk of Venous Thromboembolism](#) by Bassam Al-Nasser - "The management of smoking during the perioperative period for a short-term (minimum 4–8 weeks before surgery), or long term cessation (19), allows among other factors a reduction of arterial or venous thrombotic events. We suggest considering smoking as a high-risk factor for perioperative thrombotic events and to apply mechanical and pharmacological prophylaxis even in low-risk surgeries."
- 2018 - [Is Nicotine Replacement a Safe Alternative to Smoking in Plastic Surgery Patients?](#) by Basil M. Michaels, Patrick Craft, Julian A. Michaels, George A. Csank - "Nicotine replacement carries similar risks as continued smoking and is not as safe as abstinence in the perioperative period in plastic surgery patients. Importantly, patients who stopped smoking for the surgery had equivalent risk for postoperative complications as patients who had never smoked."
- 2018 - [Nicotine addiction management following surgery: a quality improvement approach in the post anesthesia care unit](#) by Barry A Finegan, Daniel Roblin, Fadi Hammal

Other

- <https://www.sciencedaily.com/releases/2017/11/171115175653.htm>

## Piercings

See also the [Piercings](#) section on the SRS page in the wiki.

reddit

- r/transbodymods
- New bling for post vaginoplasty VCH by overundermoon in 2024
- SRS/piercing question by 2little2late in 2019
- Piercing removal before Vaginoplasty by thegoddessunicorn in 2019

There's a sub for piercing, [r/piercing](#), and you can search it for surgery [with this](#)

Anesthesia Patient Safety Foundation

- [Body Piercing and Electrocautery Risks](#)

Other

- <https://piercinghq.com.au/transgender> - "Rejection risk of piercings in post-op labia is in our experience higher than in the labia of cis-women, and the scrotums of cis-men. Strange but based on our experience. That's not to say that ALL MTF labia piercings will reject – just that the odds are higher."

Papers

- 2019 - [Microdermal Implants Show No Effect on Surrounding Tissue During Surgery With Electrocautery](#) by Rowan R Sheldon, Michael J Loughren, Christopher W Mareno, James R Winters, Jason R Bingham, Matthew J Martin, Matthew J Eckert, Richard O Burney

## Order of Surgeries

This discussion ignores money/insurance requirements.

Most surgeons follow the [WPATH Standards of Care](#) and it is very difficult to get genital surgery without being on HRT and socially transitioned for at least 12 months (some of this has changed with the new [SOC 8](#)). Two psychiatrist letters are also required by WPATH rules. It is possible to get SRS without social transition, but probably not worth the effort if you intend to transition anytime soon. Getting SRS without HRT is more difficult, but can be done in some circumstances (and its in the [WPATH 8 Standards of Care](#)) - if you do that you will need to go on either estrogen or testosterone afterwards to prevent serious medical problems occurring.

After SRS you have to dilate regularly, so it may be best to leave a (long) gap before other surgeries that could interfere with that schedule. Genital hair removal for SRS should be started at least a year prior to surgery, and probably more. It needs to remain clear for the entire hair growth cycle to be sure its all gone. Any remaining hair may be impossible to remove post-op. There's little research on this, but I would think electrolysis is safer option than laser for genital hair - for face it doesn't matter much of some grows back. Surgeons should be able to provide you with a drawing of the area that needs hair removal. If you remove all the hair then you won't be able to hide surgical scars post-op, should you have them. If the surgeon says you don't need hair removal for penile inversion because they do it during surgery, its not true - it's not guaranteed and you are at risk if internal hair. Its more correct to say that they don't need it, but you do (ie its your problem not theirs).

FFS is not gatekept by WPATH and can be done anytime, including before HRT, but it is usually recommended to wait for a year or two of HRT so its more clear what is required. You might find you don't want certain FFS procedures after having been on HRT for a while. Having said that, most FFS procedures are bone work which does not change on HRT, so you can choose to do it anytime. If you have FFS before facial hair removal you're likely find you won't pass until you get rid of the hair.

Breast augmentation requires one psychiatrist letter according to WPATH, but I don't think all surgeons follow that rule. You should not have BA until you have been on HRT for a while and had whatever breast growth you're going to get, otherwise augmentation can cause deformity and/or excess size. Its best not to have BA until you've been on HRT for some years as it can otherwise lead to deformity.

Ideally VFS is the last procedure under general anesthesia as intubation can damage the results of VFS, even with an experienced anesthetist. You should try voice training before voice surgery as it gives good results for many and you'll need to train your voice afterwards anyway. Also less risk (although I think it is possible to damage your voice by incorrect training).

Hair transplants should be done after (or during) FFS, not before, and not soon afterwards. FFS can shift your hairline so if do it before you may need to do it again anyway. Facial Team do a coronal incision and use hair that from the section of the scalp that would be discarded reducing wastage of hair follicles (maybe others do as well, I don't know).

Not sure, but I believe FFS can shift the eyebrows so any permanent eyebrow shaping before FFS could cause problems.

Facial and body hair removal with laser/electrolysis can be done at any time, including before/after HRT has started. Facial hair removal should generally be started as soon as possible as it takes a very long time to complete (minimum of a year due to hair growth cycle). Facial hair removal after social transition is difficult to deal with as you need to grow the hair out for a few days for electrolysis. Body hair will reduce on HRT, and even further if and when testicles are removed. Body hair removal may not be necessary. Body hair is usually removed with laser, not electrolysis. Facial hair is usually removed with laser first then electrolysis for anything that's left. Electrolysis is more effective, but its also very expensive, slow, and painful.

Don't get face/body piercings soon before surgery as they must be removed due to the electrocautery equipment used. Surgeons will generally insist they be removed. If you do have piercings and cannot remove them for long find an non-metallic keeper for the surgery.

reddit

- reply to [People who have had a BBL/similar, did you do it before or after bottom surgery?](#) by Eviscerator14 in 2023 - "Dr Bank has put out a notice saying they may stop seeing patients who have had BBLs because of the way it changes blood vessels in the groin area. I had a BBL before Srs with Bank and he said I lost a lot of blood, and that sometimes it can cause other complications with the graft. Thankfully I didn't get any, but it's definitely not a sure fire thing... it's in the Astra discord for Bank patients and based on my own convos with Bank, but looking at the announcement in the discord I think it was sent via email to a patient? So not sure it's like a fully official thing yet... he said I was mostly fine because I had a fairly mild one. And specifically it was about going up through the Mons pubis for lipo that was the issue, so it definitely depends. Also Bank has such a unique technique so may just be him. Hopefully it's not an issue for others!"
- [FFS and GCS at the Same Time?](#) by ArinHawk in 2020
- [Anesthesia and tube size after VFSRAC \( voice feminization surgery \)](#) by finallytransitioning in 2022
- [How long to wait after FFS before getting a hair transplant?](#) by ikeycapstan in 2021
- [Question regarding FFS and Hair graft.](#) by YvetteOnSet in 2021
- [Complete loss of voice](#) by Naomi71 in 2021 - "I had a Wendler glottoplasty for the second time, the first time in 2017 I had another surgery a few months after the web was created and a big pipe was put in my throat, destroying the vocal chord surgery. The web was entirely gone. ... (a part of my lungs was removed when I had lung cancer)"
- [Is it worth getting an orchiectomy if I know I want a full vaginoplasty eventually?](#) by NikitaMakesMusic in 2021
- reply to [Women who got FFS, who did you go to? How was it?](#) by girlontheavenue in 2020 - FFS, SRS, BA in one trip
- [hair implants before ffs?](#) by bread\_mountain in 2020
- [Is it okay to have both BA and SRS at the same time or like.. close by?](#) by RosyBlink in 2020
- [VFS or FFS first?](#) by MerylSilverburgh90 in 2020
- [For those who have had both FFS and SRS, which one meant the most to you, would you recommend doing first?](#) by Carah-Maisie in 2020
- reply to [I want to do all my surgeries in 1 year. What order should I choose?](#) in 2018 - "I had FFS and BA after VFS and it took my voice back to a pre-VFS state. I'm getting it redone in three months. Huge waste of money because I didn't save it for last."

BA and BBL should not be done at the same time as during recovery you're supposed to lie on your back/front respectively.

A women died having multiple surgeries

- Sherman Leis in 2019 - see [A Butterfly for Her Mads \(Parent\)](#) - "She scheduled three surgeries in two days with Dr Sherman Leis in Philadelphia, knowing that it would put her at risk of infection or other complications."

A women in Thailand had multiple surgeries at the same time at the age of 67 very successfully, however she did have two teams of surgeons working simultaneously to reduce the time in surgery and access to unlimited aftercare.

- [My wonderful surgeries SRS, BA and FFS at PAI Bangkok](#) by warlockmaker in 2016

YouTube

- [Lee France](#) channel - did SRS, BA, lipo at the same visit to Thailand

Facial Team

- [WHAT COMES FIRST? AN ADAM'S APPLE REDUCTION OR VOICE FEMINIZATION SURGERY?](#) in 2016 - "In the patient's best interest, a tracheal shave should be performed first."

## Medical Tattoos

<https://www.drchristinemcginn.com/services/tattoo.php>

reddit

- [Go as PINK as you can - hard won SRS insights. If only someone had been able to explain to me...](#) by bunnytransgirl in 2023

Safety of Tattoos

- [Wired - Scientists explore chemistry of tattoo inks amid growing safety concerns](#) in 2022

Papers

- 2021 - [Applications of Medical Tattooing: A Systematic Review of Patient Satisfaction Outcomes and Emerging Trends](#) by Stacie J Becker, and Jeffrey E Cassisi

## Silicone Injections

Very dangerous. Have been used in face, breast, body.

fda

- [FDA Warns Against Use of Injectable Silicone for Body Contouring and Enhancement: FDA Safety Communication](#) in 2017

reddit

- [Before and after, amazing tattoo work](#) in 2023 - this is not trans related
- [Transgender Woman Gives Warning about Fake Silicone Removed From Hips](#) by Ecstatic\_Feature\_425 in 2022
- [This patient's 15yo silicone injections caused the tissue to develop necrosis as the silicone eventually traveled up to the surface of her skin.](#) in 2022
- [Is it really that bad?](#) by SixGunsLoaded in 2021
- [Biopolymer removal with BBL reconstruction \(major NSFW\)](#) by Zaza9000 in 2019 - this is not silicone, but similar

YouTube

- [My Illegal Silicone Injection NIGHTMARE story time | Gigi](#) by Gigi Gorgeous in 2023
- [Plastic Surgeon Reacts to BOTCHED: Facial Fillers Did THIS!?](#) by Doctor Youn in 2023
- [Black Market BUTT Injections?!?! Plastic Surgeon Reacts to BOTCHED!](#) by Anthony Youn, MD in 2021
- [Liquid Silicone Removal from Female Buttock | Surgical Removal of Liquid Silicone | Dr. Leif Rogers](#) by Dr. Leif Rogers in 2021 - this is a trans patient
- [BUTTOCK FILLERS](#) by Cirumed Marbella in 2020
- [MTF Gender Confirmation Surgery - Safety Tips \(Top Surgery\)](#) by Timothy Katzen in 2019
- [Raw Silicone Injection Removal with Excision](#) by Timothy Katzen in 2018
- [Why YOU should NOT get SILICONE INJECTIONS](#) by Timothy Katzen in 2018
- [Transgender Illegal Silicone Injections Story](#) by Vixen Marcille in 2018
- [Excision of silicone lip injections](#) by Dr. Lara Devgan, Plastic Surgery in 2018

- Raw Silicone Injection Removal with Excision by Timothy Katzen in 2018
- Removal of Raw Silicone Injections from Breasts by Timothy Katzen in 2017
- Removing Raw Silicone Injections from Butt by Timothy Katzen in 2018 - this is on a trans patient
- Silicone Injections: The Ugly Truth by Randy Simpson in 2016 - trans YouTuber
- This Is Your Butt (On Silicone Injections) - Just Say No | Video by LiveScience in 2015

## Facebook

- <https://www.facebook.com/737692506/videos/10156247825092507/> - Video on silicone removal by Nicole Sanders

## Papers

- Liquid silicone filler migration following illicit gluteal augmentation by Steven B Soliman in 2023 - "The illicit use of fillers has significantly increased, especially among transgender women (transwomen) attempting to fulfill unmet gender affirmation needs. We present a case of liquid silicone filler migration to the distal lateral thigh, multiple years following an illicit gluteal augmentation, and mimicking a neoplasm. Initial... Knowledge of the increasing use of fillers, their complications, and imaging findings is critical as these patients commonly choose not to disclose this history. A radiologist suggesting this diagnosis may assist the clinician, who is often unaware of this history which could help prevent unnecessary imaging and invasive procedures."
- Liposuction and Lipofilling for Treatment of Symptomatic Silicone Toxicosis of the Gluteal Region by Christopher J. Salgado, Varsha R. Sinha, and Urmen Desai in 2013
- Local complications after industrial liquid silicone injection - case series in 2013
- Silicone Injections by Uwe Wollina in 2012

## CBS News

- Deadly Silicone Injections: One Woman's Final Hours in 2010

## People

- K. Michelle on Her 4 Surgeries to Remove Illegal Butt Injections: 'It's the Scariest Thing' in 2018

## realself

- BBL and Silicone Injections, Is it Safe To Receive Fat Transfer? in 2018

## University of California, San Francisco

- Free silicone and other filler use by Barry Zevin and Madeline B. Deutsch

## Biopolymer Injections

## YouTube

- BIOPOLYMERS REMOVAL FROM MY BODY FOR GOOD by DreamDoll in 2019

## Papers

- 2021 - Clinical and Immunological Characteristics of Patients with Biopolymers and Autoimmune Inflammatory Syndrome Induced by Adjuvants by Jaime Eduardo Pachón S, Marcela C. Salazar, Adriana M. Pores, and Victor Z. Rizo, M

## Travel

## reddit

- British gay man 'tortured' in Qatar is almost out of HIV medicine, family says. by OWishToBeFree0 in 2024 - links to Advocate article in 2024 - "Forty-four-year-old Manuel Guerrero, who also holds Mexican citizenship, moved to Qatar, where homosexuality is illegal, seven years ago for his work. He was detained on February 4 after being entrapped by law enforcement through a fake Grindr profile, and was held in jail for nearly two months. During that time, Qatari authorities subjected Guerrero to secret nighttime interrogations where they forced him to name other LGBTQ+ people he had relations with, according to his family. After learning of his HIV status, they locked him in solitary confinement and refused to administer his medication... Younes added that "security officers also inflict verbal abuse, extract forced confessions, and deny detainees access to legal counsel, family, and medical care..." They tortured Manuel in the face of the U.K. embassy, and I believe the U.K. government needs to escalate the situation because it's critical and it's not fair," he said. "They must send a clear message to the state of Qatar that they can't do that to a British citizen. They can't torture a British citizen."
- A catch-all answer to "should I go to (insert Middle East country here)?": No you fucking shouldn't. by JesiDoodli in 2023 - "It is unsafe. It doesn't matter how well you pass, it's unsafe. Even if you've had bottom surgery, are on HRT, it's unsafe. It doesn't matter how deep into the closet you are, if the only people who know you're queer are online. It's unsafe. You could easily be outed, doesn't matter how well you pass, or if you're closeted. This opens the floodgates to harassment, assault, arrest, torture, abuse, even murder. Here, rainbow toys are banned because it's "spreading homosexuality to kids". Now imagine the reception you'll get as an actual queer person."
- On today's episode of reasons people want us to be bombed and killed. in 24 October 2022 - post in r/qatar about the forced vaginal examination of a Australian women transiting thought Qatar, lots of defending what happened
- Australian women sue over Qatar airport strip-searches, BBC News in 2021 - "The women said they did not consent to the examinations and were not given explanations for what was happening to them. One of the women, who did not want to be named, told the BBC she was "subjected to the most horrifically invasive physical exam". "I was certain that I was either going to be killed by one of the many men that had a gun, or that my husband on the plane was going to be killed," she said in a statement from her lawyer."
- Australian women invasively examined on Qatar flight set to sue after 'being ignored' in 2021 - "Seven of the 13 Australian women hauled off a Qatar Airways flight last year and forced to undergo invasive examinations at Doha airport are threatening legal action after more than a year of being ignored by the wealthy gulf state."
- 'Some were upset, angry, one was crying': significant concerns over invasive Doha searches in 2020
- UK, New Zealand say citizens also tested invasively in Qatar | Australia in 2020
- Qatar subjects 34 women including 18 Australian female passengers to compulsory genital exams in a hunt for the mother of an abandoned newborn at the Doha airport. in 2020
- Terrified Australians strip-searched in Qatar 'had nowhere to run' in 2020
- reply to [PSA] Avoid Dubai & Abu Dhabi (and Emirates and Etihad Airways) by PennyLisa in 2019 - "Yeh... No don't go there. Even on a stop-over. Someone I know got detained in the airport for 24hrs due to being trans on the way for FFS in Spain when they were supposed to be there for 4 hours. They had to change the surgery dates because of it (facial team sorted it out in the end)."

## YouTube

- Detained In Dubai For Being Transgender | Gigi by Gigi Gorgeous in 2016

## Other

- <https://www.telegraph.co.uk/news/2017/10/22/scot-given-three-month-jail-sentence-touching-dubai-mans-hip/>
- <https://www.thesun.co.uk/travel/7569786/dubai-electronic-form-medication/>
- <https://www.mirror.co.uk/news/world-news/brit-jailed-two-years-dubai-11669687>
- <http://diytravelexpert.com/dubai-danger-medicines-drugs-and-you/>
- <http://pinaytg.blogspot.com/2011/05/transwoman-refused-entry-at-dubai.html>
- <https://www.lonelyplanet.com/thorntree/forums/middle-east/topics/important-dubai-and-drugs-prescription-drugs>
- <https://www.lonelyplanet.com/thorntree/forums/middle-east/united-arab-emirates/drug-testing-in-uae>
- <https://www.detailendindubai.org/post/2016/05/13/caution-do-not-use-marijuana-or-other-prohibited-drugs-before-traveling-to-the-uae>
- <https://www.dubai-online.com/essential/customs/>

## themissinternet

- Qatar: Security Forces Arrest, Abuse LGBT People on 24 October 2022 - "Qatar Preventive Security Department forces have arbitrarily arrested lesbian, gay, bisexual, and transgender (LGBT) people and subjected them to ill-treatment in detention, Human Rights Watch said today... A transgender Qatari woman said that after security forces arrested her on the street in Doha, Preventive Security officers accused her of "imitating women" because of her gender expression. In the police car, they beat her until her lips and nose were bleeding and kicked her in the stomach, she said. "You gays are immoral, so we will be the same to you," she said one officer told her. "I saw many other LGBT people detained there: two Moroccan lesbians, four Filipino gay men, and one Nepalese gay man," she said. "I was detained for three weeks without charge, and officers repeatedly sexually harassed me. Part of the release requirement was attending sessions with a psychologist who 'would make me a man again.'"

## Lawyers Weekly

- 'David and Goliath battle': Passengers sue Qatari airline and authority over unlawful bodily searches in 21 October 2022 - "Five women, who were passengers on an October 2020 Qatar Airways flight, and some of whom were subjected to invasive, non-consensual physical examinations at Doha Airport, are suing the airline and Qatar's aviation authority in Federal Court."

## huffpost

- Australian Women Sue Qatar Over Forced Airport Vaginal Exams in 23 October 2022

## BBC

- Dutch woman arrested in Qatar after making rape claim in 2016 - "A Dutch woman is being detained in Qatar on suspicion of adultery after she told police she had been raped. The 22-year-old, who was on holiday, was drugged in a Doha hotel and woke up in an unfamiliar flat, where she realised she had been raped, her lawyer says. She was arrested in March on suspicion of having sex outside of marriage."

## Marca

- Mexican woman faces 100 lashes and prison time after she was sexually assaulted in Qatar in 2021 - "An economist and anthropologist faces a sentence of 100 lashes and up to seven years in prison, after she reported sexual abuse whilst working in Qatar... Qatari authorities chose not to look into the complaint or protect Schietekat, instead accusing her of extramarital affairs and giving her this sentence."

## Travel Insurance

Normal travel insurance will not cover you when travelling for medical tourism.

Companies that provide this insurance.

- <https://www.globalprotectivesolutions.com/>

## Making Useful Surgery Posts

If you're making a post on reddit or elsewhere it would help if you did these things

- Give the name of the surgeon, and if its someone who's not well known provide enough information that its easy to find them. I generally won't list them in this wiki without knowing who they are. If its on YouTube make it in the text so its easy to find without watching the entire video.
- Photo posts on imgur should ideally have captions with the name of the surgeon, year of surgery, time post-op (days, weeks, etc), and any interesting points about the photo that the view should take note of. Not everyone will see the photo from a link on reddit. This post [Hana's Recovery \(up to 6 months\)](#) shows an example of captions, but who is the surgeon and what year was it? The year is important because an older photo may not be representative of the surgeons current skill or technique. Imgur has recently started requiring login to view NSFW photos so its not ideal for this purpose, but I don't know whats better at this point.
- If you make multiple related posts add a link back to the older posts so that people can easily go back to them. Edit the posts in the older ones to refer forwards to the next. An index would be even better. Some people don't know how to use reddit and find related posts, and even if you do it can be very difficult after a few years and thousands of posts.
- Let me know if you make or see a post that you think should be in the wiki - I don't find all of them by myself. I normally link posts that I think will be of interest to people researching a surgeon. Either send me a pm or

add my reddit user name to the post somewhere - i.e. just type /u/HiddenStill/

There's a new way of making image galleries on reddit that should probably supercede imgur etc. Its not yet enabled on the surgery sub (16 July 2020), but should be shortly. Its described [here](#)

Questions that tend to be of interest to others include

- Pictures?
- Who was the surgeon?
- Why did you choose them?
- Would you recommend them to others?
- What did it cost? If insurance was used what company?
- How long was the wait list?
- How was the pain?
- Any complications?
- How does it look?
- For SRS, what was your depth?
- For SRS with surgeons that are not well known, how many surgeries have they done? Its interesting as there's a higher complication rate associated with less experience.
- What would you like to have known before having surgery?
- How is sensation?

It can be helpful to know how to format posts on reddit to make it easier to read.

- [https://www.reddit.com/r/HFY/wiki/ref/faq/formatting\\_guide](https://www.reddit.com/r/HFY/wiki/ref/faq/formatting_guide)
- [https://www.reddit.com/r/raerth/comments/cw70q/reddit\\_comment\\_formatting/](https://www.reddit.com/r/raerth/comments/cw70q/reddit_comment_formatting/)

Here's a really good example of post of the above suggestions

- reddit [GRS/SRS Surgery 4th April 2019 Mr Roland Morley Charing Cross Hospital \[UK\]](#) by Koukalaka in 2019

If you make a very negative post about a surgeon on susans.org there's a good chance it will get removed.

## Linking a series of posts

If you make a series of posts it helpful to link each post to the next and previous post in the series so that people can more easily explore them. This is especially important if you have made a large number of posts as it can be very tedious navigating the post history.

You can add these links after posting. In old reddit below the text box of the post there's an 'edit' link, and in the new reddit redesign there's "..." and "Edit Post".

Place a link in the text using something like

[previous post](<https://reddit.com>)

## Requests for help with choosing FFS procedures

Many people are posting here asking for help choosing FFS procedures. If you don't post a proper set of photos you're not going to get very helpful feedback. Please remember that they are not glamour shots, they are supposed to show your 'defects'.

Rather than try to explain what photos are needed I'll link to a couple of resources as they are far better than anything I could write (also copyright, so that's awkward). I've been a bit reluctant to recommend these as they are both advertising commercial services and work together on occasion, but they are the best/only resources on this topic I'm aware of.

- [http://www.virtualffs.co.uk/What\\_to\\_Send\\_Me.html](http://www.virtualffs.co.uk/What_to_Send_Me.html)
- YouTube [Photos for FFS Surgery consultation - 5 tips! | FAQ Tutorials in facial feminization](#) by Facialteam

The [virtualffs](#) site also has a [good overview](#) of facial gender differences so its worth reading that before posting.

## Posting Images

YouTube

- [How to Post Text, Photo and Videos on Reddit](#) by Howfinity in 2021, this is using the official reddit app

## Fear

[https://en.wikipedia.org/wiki/Fear\\_of\\_medical\\_procedures](https://en.wikipedia.org/wiki/Fear_of_medical_procedures) - "Most people have a fear of medical procedures at some point in their lifetime, which can include the fear of surgery, dental work, doctors, or needles. These fears are seldom diagnosed or treated, as they are often extinguished into adulthood and do not often develop into phobias preventing individuals from seeking medical attention." reddit

reddit

- [I don't think I can ever medically transition and it really hurts.](#) by thehumancheese in 2022
- [Resources for someone terrified of general anesthesia?](#) in 2019 - not trans related

Other

- <https://www.healthline.com/health/mental-health/tomophobia>
- <https://www.goodrx.com/health-topic/anxiety-disorders/fear-of-surgery>
- <https://psychtimes.com/tomophobia-fear-of-surgical-operations>

Papers

- 2009 - [Tomophobia, the phobic fear caused by an invasive medical procedure - an emerging anxiety disorder: a case report](#) by Markus Schmid, Robert C Wolf, Roland W Freudenmann, and Carlos Schönfeldt-Lecuona - "We present the case of a 69-year-old Caucasian man who refused urgently indicated medical intervention because of severe tomophobia... The patient still refused the invasive procedure, as his fear of the procedure continued to overwhelm his fear of dying from a heart attack."

## Pre-existing Conditions

See the same entry on the [SRS Introduction](#) page as some of it is relevant to other types of surgery and I don't have the time to reorganize it.

## Complications

reddit subs

- <https://www.reddit.com/r/Botchedsurgeries>
- <https://www.reddit.com/r/BotchedSurgeryVictims>

There's also lists of complications for each type of surgery in this wiki.

## Death

There's been a few surgery related deaths, however its low as surgery goes and its worth bearing in mind the suicide rate of untreated gender dysphoria.

SRS

- 2023 - [Please be cautious and mindful of the risks of SRS in Thailand](#) by SavannahMavy, see also [here](#)
- Sherman Leis in 2019 - see [A Butterfly for Her Mads \(Parent\)](#)
- Reply to [SRS death](#) by Joandelynn in 2012 - "Dr. Eugene Schrang lost a patient due to Pulmonary Embolism, but it should be noted that the patient already had a long history of Thrombophlebitis and Pulmonary Emboli, stopped taking her medicines for that, and then took a long-distance flight before getting surgery. There was also a patient in Sweden who died due to complications after SRS. I don't know the details. ([source](#))"
- 2011 - [Gender reassignment surgery: an overview](#) by Gennaro Selvaggi and James Bellringer - "Combined with routine use of low-molecular-weight heparins and compression stockings, we have seen only two pulmonary emboli in the last 1,000 MtF surgical procedures (one of which was fatal).", see also
  - YouTube [World Leading Gender Surgeon Reveals The Truth: Orgasm, Anatomy & Risks!](#) by Dr Karan in 2023 at 19:38 - "... I've unfortunately had one death in my career so far it was a patient who died from a pull me embolus which for the non-medical Listener is where a clot forms in the legs during the perioperative period and a bit of that clot breaks off and it blocks the main artery to the lungs uh and that pretty much stops the heart with the effect of instant death um it's fortunately rare complication perhaps one in 2000 in major surgery but we do our best to eliminate it but you can't eliminate it completely"
- [https://en.wikipedia.org/wiki/John\\_Ronald\\_Brown](https://en.wikipedia.org/wiki/John_Ronald_Brown)

FFS

- Mark Zukowski in USA
- Bart van de Ven - <https://rachelwomanofherdreams.blogspot.com/2015/04/death-from-ffs-facial-feminization.html>
- 2020 - [In Vietnam, old hand at transgender service opens up about job](#) - "In her career, she witnessed one case of fatality following a gender affirmation surgery due to postoperative mishandling. It was a Philippino who came to Thailand for the operation. She died several days after getting back home. According to the ill-fated lady's companions, she was mishandling the vaginal dilator. Her family members were not aware of her excessive bleeding, which caused her death."

There's many deaths around the world associated with BBL (Brazilian Butt Lift). In 2015 research was published showing the death rate was 1 in 3000, including top facilities in the USA, after which techniques were changed to improve safety.

Papers

- 2023 - [Analysis of Mortality Among Transgender and Gender Diverse Adults in England](#) by Sarah S. Jackson, Jalen Brown, Ruth M. Pfeiffer, Duncan Shrewsbury, Stewart O'Callaghan, Alison M. Berner, Shahinaz M. Gadalla and Meredith S. Shiels - not surgery specific

## Hair Loss

[Telogen effluvium](#) can be caused by major surgery.

reddit

- [r/TelogenEffluvium](#)
- [\[Update\] My experience with FFS post surgical recovery and hair loss \(so far\)](#) by flurbdurburb in 2023
  - [\[Long Read\] My experience with FFS post surgical recovery and hair loss \(so far\)](#) by flurbdurburb in 2022
  - [Total hair loss after FFS](#) by flurbdurburb in 2022
- [Post Op Hairloss](#) by hrt\_breaker in 2020
- in r/MtF - Has anyone experienced a period of significant (head) hair shedding after orchectomy/srs? Is this normal or is it just me? in 2019
- in r/asktransgender - Has anyone else experienced a period of significant (head) hair shedding after their orchectomy/Srs? Is it normal or is it just me? in 2019
- Does anyone here have experience with telogen effluvium? by serindipitous275 in 2019
- [Surgery and hair loss](#) by MuppetManiac in 2018
- [FFS scar hairloss?](#) by throwmeaway4782 in 2016

Dr Powers on hair restoration

- <https://www.reddit.com/r/DrWillPowers/wiki/hair-restoration>

<https://www.medicalnewstoday.com/articles/321590> - "Telogen effluvium is a form of temporary hair loss that usually happens after stress, a shock, or a traumatic event. It usually occurs on the top of the scalp. Telogen effluvium is different from the hair loss disorder called alopecia areata. Large amounts of a person's hair might fall out, but it is often temporary, and the hair usually grows back."

## Opiate Withdrawl

reddit

- [Obsessed with opiates after surgery](#) in 2021 - this is on [r/opiates](#) and not trans related
- [What opioid withdrawal was like for me](#) by notyourdonut in 2020

## Post-op Depression

reddit

- [What opioid withdrawal was like for me](#) by notyourdonut in 2020
- [I have post op depression three weeks after surgery](#) by notyourdonut in 2020

## Scars

reddit

- [Vulvoplasty \(without vaginal cavity\) Results 2Y+ PostOP \(Argentina\)](#) by AnonymousFruits in 2022 - "Keloid Scars improved with 6 sessions of triamcinolone injections... the end the triamcinolone injections were very effective, they did not go away completely but visually it improved a lot. The dermatologists gave me an injection of 30mg/5ml every 3 weeks. At the sixth session I stopped applying them for fear of atrophying the tissue..."
- What can be done about faded bottom surgery scars to get more passable look? by daisysbe in 2021
- Any recommendations to help with scar tissue treatment for both a recent BA as well as extended Abdominalplasty? (Both surgeries are within the last 3 months) by magistrazor in 2021
- [Fading Top Surgery Scars](#) by chronic\_nighthawk in 2020
- anyone tried labial tattooing? by transbianasfuck in 2020 - refers to <https://www.drchristinemcginn.com/services/tattoo.php>
- [Scar camouflage pigment tattoo \(after 1 session\)](#) by kay2290 in 2020
- 30 plus years on hormones. What effects did I notice? in 2018 - "The scars on my vulva faded away after more than 10 years. 28 years post-op you couldn't find them if you searched for it. I still dilate once a month. The estrogens help to keep the tissue elastic. For the early era Biber did a great job."

YouTube

- [HOW TO PREVENT SCARS AFTER SURGERY](#) by DERMATOLOGIST @Dr Dray
- Best Scar Treatment! | Kenalog Scar Treatment | Dr. Daniel Barrett in Beverly Hills
- Injecting hypertrophic scars
- Watch & Learn: Intralesional injections

Papers

- 2020 - [Modified injection technique for improving the treatment of keloids](#) by Hai-Tao Xiao, Ke Deng, Xiao-Xue Liu, Xue-Wen Xu, and Yan-Ge Zhang - "Significantly alleviating the pain was another advantage of this modified technique. Due to the firm texture of the keloid, even with the lidocaine added, the conventional injection technique causes severe pain. Many patients in the control group showed a pain index of 8-9 at the first injection."
- 2018 - [Triamcinolone acetonide Intralesional injection for the treatment of keloid scars: Patient selection and perspectives](#) by Marco Morelli Coppola, Rosa Salzillo, Francesco Segreto, Paolo Persichetti
- [The Role of Topical Vitamin E in Scar Management: A Systematic Review](#) by Volkan Tanaydin, Jurek Conings, Masoud Malyar, René van der Hulst, Berend van der Lei - "We conclude that there is not yet sufficient evidence that monotherapy with topical vitamin E has a significant beneficial effect on scar appearance to justify its widespread use."
- 2016 - [Vitamin E in dermatology](#) by Mohammad Abid Keen and Iffat Hassan - "Despite development of new formulations for use in cosmetics and skin care products, there is a lack of controlled clinical trials providing a rationale for well-defined dosages and clinical indications for oral and topical vitamin E. After so many years of research on vitamin E, it is still unclear as to whether millions of dollars worth of vitamin E products paid for by patients and consumers have been of any benefit."
- 2015 - [Topical management of striae distensae \(stretch marks\): prevention and therapy of striae rubrae and albae](#) - not scars, but mentions a number of treatments including Bio-Oil and Kelo-Cote.
- 2015 - [A comprehensive evidence-based review on the role of topicals and dressings in the management of skin scarring](#)
- 2015 - [Efficacy of Dragon's blood cream on wound healing: A randomized, double-blind, placebo-controlled clinical trial](#)
- 2015 - [Insights into the Management of Keloid Scars: A Survey-Based Protocol](#) - Kenneth Hughes, Charles S Brown, and Victor Perez - "In the broad array of literature as it relates to keloid treatment, there is a global absence of definitive protocols in the management of keloid scars... Steroids have been demonstrated to soften the contours and reduce the bulk of keloids. Response rates vary from 50 to 100 percent, with recurrence rates of up to 50 to 80 percent. Steroids purportedly decrease collagen synthesis by increasing metalloproteinase activity. The optimal number of injections to be performed and the amounts injected to produce an optimal response are largely up for speculation."
- 2014 - [Overview of Surgical Scar Prevention and Management](#)
- 2013 - [Management of keloids and hypertrophic scars: current and emerging options](#) by Gerd G Gauglitz
- 2013 - [Efficacy and Safety of an Advanced Formula Silicone Gel for Prevention of Post-Operative Scars](#)
- 2013 - [The Effects of Topical Agent \(Kelo-Cote or Contractubex\) Massage on the Thickness of Post-Burn Scar Tissue Formed in Rats](#)
- 2010 - [Wound healing dressings and drug delivery systems: a review](#) by Joshua S Boateng, Kerr H Matthews, Howard N E Stevens, Gillian M Eccleston
- 2009 - [Management of Keloids and Hypertrophic Scars](#) by Gregory Juckett and Holly Hartman-Adams
- 2009 - [The Efficacy of Silicone Gel for the Treatment of Hypertrophic Scars and Keloids](#)
- 2006 - [Vitamin E for treating children's scars Does it help reduce scarring?](#) by Dipen Khoosal and Ran D. Goldman
- 1999 - [The effects of topical vitamin E on the cosmetic appearance of scars.](#) - This study shows that there is no benefit to the cosmetic outcome of scars by applying vitamin E after skin surgery and that the application of topical vitamin E may actually be detrimental to the cosmetic appearance of a scar. In 90% of the cases in this study, topical vitamin E either had no effect on, or actually worsened, the cosmetic appearance of scars. Of the patients studied, 33% developed a contact dermatitis to the vitamin E. Therefore we conclude that use of topical vitamin E on surgical wounds should be discouraged.

Articles

- Pediatric Pearls, Clinical Practice, Vitamin E for treating children's scars, Does it help reduce scarring? - "ANSWER. Vitamin E is the main lipid-soluble antioxidant in the skin. Several anecdotal reports have suggested that topical use of vitamin E cream can reduce scar formation. Current evidence from the literature, however, does not support that proposition. In fact, studies report some adverse effects with use of vitamin E. Further research is needed before application of vitamin E cream becomes the standard of care."
- An informative article on how to use Triamcinolone Acetonide (Kenalog) - [Intralesional injection](#) by Barbara M Mathes, Patrick C Alguire - "Corticosteroids cause a burning sensation for up to three to five minutes after injection; the higher the concentration of corticosteroid, the greater the discomfort of injection. Thus, most corticosteroids are diluted prior to injection to minimize patient discomfort. Saline is an excellent diluent for all corticosteroids, but some physicians prefer to dilute with the local anesthetic lidocaine. A study comparing saline and unbuffered lidocaine as diluents, however, found no significant difference in discomfort between the two. It is possible that the anesthetic effect of lidocaine was offset by its acidity, which in itself causes burning upon injection; lidocaine buffered with bicarbonate does diminish the pain of injection"
- [Family Practice Notebook](#)

Products

- [Kelo-Cote](#) is a silicone gel with optional sun screen (UV is very bad for scars in the first year or so)
- Dermatix is a silicone gel with optional sun screen
- [bioCorneum](#)
- Siltape make silicone take in long very strips.

## Bio Oil

<https://www.bio-oilprofessional.co.uk/resources/section-6-bio-oil-clinical-research> - "Whilst, as a cosmetic product, Bio-Oil is not required to carry out clinical research, a number of studies and trials have been commissioned to test the efficacy of Bio-Oil on stretch mark treatment and scar treatment across different skin types, and to determine its suitability for sensitive skin. Below is summary of the research findings."

Papers

- 2018 - [Observer-blind randomized controlled study of a cosmetic blend of safflower, olive and other plant oils in the improvement of scar and striae appearance](#) by S Bielfeldt, J Blaak, P Staib, I Simon, R Wohlfart, C Manger, K P Wilhelm

## Botox

Papers

- 2021 - [The effect of botulinum toxin injection dose on the appearance of surgical scar](#) by Zhiyuan Chen, Zong Chen, Ran Pang, Zhiru Wei, Han Zhang, Wenhui Liu & Guangshuai Li - "Early postoperative injection of botulinum toxin type A (BTxA) can reduce surgical scar hypertrophy."
- 2020 - [Effect of botulinum toxin type A for treating hypertrophic scars: A split-scar, double-blind randomized controlled trial](#) by Ahmad R. Elshahed, Khaled S. Elmanzalawy, Hany Shehata, Mohamed L. ElSaie - "Clinical and cosmetic improvement was demonstrated significantly among the BTA-treated group. BTA can be an additional and useful tool for improving scar outcomes."
- 2019 - [Clinical trial to evaluate the efficacy of botulinum toxin type A injection for reducing scars in patients with forehead laceration: A double-blinded, randomized controlled study](#) by Seong Hwan Kim, Seong Joo Lee, Jun Won Lee, Hii Sun Jeong, In Suck Suh - "Improvement of aesthetic, functional, and emotional aspect of the scar formation in the groups treated with BoNTA was illustrated. The application of BoNTA may be expanded to prevent hypertrophic scar after trauma, burns, or operations."
- 2013 - [Botulinum toxin type A: implications in wound healing, facial cutaneous scarring, and cleft lip repair](#) by Mohammad M Al-Qattan, Bisher Nawras Al-Shanawani, Feras Alshomer
- 2006 - [Botulinum toxin to improve facial wound healing: A prospective, blinded, placebo-controlled study](#) by Holger G Gassner, Anthony E Brissett, Clark C Ottley, Derek K Boahene, Andy J Boggust, Amy L Weaver, David A Sherris

## Verteporfin

Verteporfin might prevent any scar formation.

<https://en.wikipedia.org/wiki/Verteporfin> - "Verteporfin is an inhibitor of fibrosis in patients with persistent cholestasis. Verteporfin displays a wide spectrum of anti-fibrotic properties. Verteporfin prevents fibrosis in several human organs. Research has highlighted that verteporfin decreased expression of fibrotic genes in fibroblasts collected from nodules of patients suffering from Dupuytren's contracture. In 2018 information revealed verteporfin stopped fibrosis in the lung. Verteporfin is a marketed drug with a good safety profile. Verteporfin has also been used off-label. In 2021, scientists tested verteporfin to reveal if the drug would prevent scar tissue in skin. Testing of verteporfin on humans cleft lips will occur in 2021."

## reddit

- [Verteporfin for ENF/regenerative wound healing - applicability to transgender surgeries ?](#) by asilenceliketruth in 2024
- [Verteporfin use and scar reduction](#) by stupidgothybitch in 2022
- [Playing with verteporfin \(visudyne\) for scar prevention or removal: DAE?](#) by darthemofan in 2022
- reply to [In general, FFS](#) by testPoster\_ignore in 2021

## Papers

- 2021 - [Modulating Cellular Responses to Mechanical Forces to Promote Wound Regeneration](#) by Shamik Mascharak, Heather E. desJardins-Park, Michael F. Davitt, Nicholas J. Guardino, Geoffrey C. Gurtner, Derrick C. Wan, and Michael T. Longaker
- 2021 - [Preventing Engrailed-1 activation in fibroblasts yields wound regeneration without scarring](#) by Shamik Mascharak, Heather E. desJardins-Park, Michelle Griffin, Mimi R. Borrelli, Alessandra L. Moore, Kellen Chen, Bryan Duoto, Malini Chinta, Michael T. Longaker
- 2021 - [Converting fibroblastic fates leads to wound healing without scar](#) by Dongsheng Jiang, Yuval Rinkevich

## The Standford Daily

- [In groundbreaking discovery, Stanford researchers identify drug that could prevent scarring](#) in 2021

## Other

- <https://verteporfin.net>
- <https://t.me/+2nasLt-OCA04NGQx> - Telegram Verteoporfin research - "Find answers for questions using the chat search tool. Persisting with needless questions may lead to message deletion. No personal insults. No false claims. Check research papers + official sources before making claims. Try to show evidence..."

## Stroke

- [I thought FFS would change my life, but not like this... \(Dr. Alex Kim\)](#) by virtualady in 2021 - FFS with Alex Kim in the USA

## Gender Differences

### Anthropometric Measurements — an Intuitive Visualization

- <https://anthro.cs.uni-freiburg.de/#colx=100&coly=11>

### Livestrong

- 2020 - [How to Measure Your Wrist to Get Your Body Frame Size — and What It Can Tell You About Your Ideal Weight](#)

## Legal Action & Complaints Against Surgeons

If you have a complaint about your surgeon or want to take legal action.

See also the section in this wiki on [Malpractice insurance in the USA](#).

## reddit

- [Federal Trade Commission Announces Proposed Rule Banning Fake Reviews and Testimonials](#) in 2023
- [Hypothetical: If a patient or family threatens litigation, do you still maintain a doctor-patient relationship?](#) in 2022 - don't post here unless you're a medical professional
- [A case of suing patients who leave bad reviews](#) in 2021 - read the sub rules and don't post in this sub
- [Do any of y'all feel uncomfortable with signing an arbitration agreement for SRS \(Wittenberg/MoZaic\) even before consultation?](#) by mfgoose in 2020
- [A Formal Complaint Letter](#) by Ikal\_19 in 2019

## Other

- <https://jezebel.com/when-surgeons-fail-their-trans-patients-1844774990> in 2020
- <https://medicaljustice.com/when-doctors-sue-patients-defamation-is-devastating-but-a-lawsuit-could-make-it-worse/>

### Dr. Barry Eppley Vs Lucille Iacovelli

This 2010 case is interesting. Dr Eppley appears to have won this lawsuit.

... Dr. Barry Eppley is a citizen of Indiana who has a medical practice in central Indiana. Lucille Iacovelli is a former patient of Dr. Eppley's and a citizen of the Commonwealth of Massachusetts. Invoking both the court's diversity and federal question jurisdiction, and seeking both injunctive relief and damages, Dr. Eppley has sued Ms. Iacovelli for defamation, trade disparagement, harassment, false-light publicity, and violation of § 43 of the Lanham Act, 15 U.S.C. § 1125, through her allegedly false designation and description of fact.

In 2001, Dr. Eppley performed a revisional facelift procedure on Ms. Iacovelli, a Massachusetts resident.

... For approximately a year following the surgery, Dr. Eppley attempted to address Ms. Iacovelli's concerns. They communicated by telephone, mail, and e-mail during that time. Ms. Iacovelli sent Dr. Eppley numerous e-mails complaining about her surgery and characterizing him as a butcher or murderer. Sometimes using aliases, she would send him e-mails on a daily basis. Ms. Iacovelli has never filed a medical malpractice lawsuit against Dr. Eppley based on any of these complaints.

... Since the surgery, Ms. Iacovelli has published a large volume of postings on various internet sites alleging that Dr. Eppley mishandled her surgery and caused her to suffer severe health problems, particularly breathing difficulties. She placed postings on complaint sites, maintained various blogs and websites, and posted videos on internet platforms, all blaming Dr. Eppley for her asserted post-surgical condition. In her internet publications, Ms. Iacovelli has noted that subsequent to the surgery performed by Dr. Eppley she consulted other physicians, who have concluded there was nothing physically wrong with her

[https://www.govinfo.gov/content/pkg/USCOURTS-insd-1\\_09-cv-00386/pdf/USCOURTS-insd-1\\_09-cv-00386-15.pdf](https://www.govinfo.gov/content/pkg/USCOURTS-insd-1_09-cv-00386/pdf/USCOURTS-insd-1_09-cv-00386-15.pdf) - Dr. Barry Eppley Vs Lucille Iacovelli

Dr Eppley is in this wiki, on the "Other" surgery page.

## Removing Negative Reviews

Not happening.

Are you a lawyer? If so, read this

- [Where's reddit's policy on lawyers threatening to sue subreddits/moderators unless I delete the subreddit or give them admin?](#) in 2020
- <https://fairuse.stanford.edu/overview/website-permissions/linking/>
- <https://www.score.org/blog/consumer-review-fairness-act-what-it-means-your-business> - "On March 14, 2017, the Consumer Review Fairness Act (CRFA) took effect, laying out new rules for both businesses and consumers. ... The CRFA protects consumer assessments of products, services and customer service. This protection applies not only to written reviews, but social media posts, oral appraisals, uploaded videos and photography."
- [Consumer Review Fairness Act](#) - "The Act generally makes provisions of form contracts between sellers and individual consumers void from inception if the provisions: (1) prohibit or restrict individuals from reviewing sellers' goods, services, or conduct; (2) impose penalties or fees on individuals for such reviews; or (3) require individuals to transfer intellectual property rights in such reviews. The Act also bars sellers from offering form contracts with such provisions. The Act contains certain exceptions, including for contract provisions that bar the submission of confidential, private, or unlawful information."

Note that in Thailand the truth doesn't appear to be a defense against defamation

- [TripAdvisor warns users over Thai hotel that legally pursued reviewer](#) in 2020
- [American faces prison in Thailand over bad hotel review](#) in 2020
- [The Truth About Slander and Libel Laws in Thailand](#) by

If you wish to make negative reviews about surgeons read this page that discusses how surgeons can get negative reviews removed from realself

- <https://www.minclaw.com/removing-fake-negative-reviews-realself/>

## Allure Aesthetics 2022 in USA

AG Ferguson files lawsuit against Seattle-based plastic surgery clinic for bribing, threatening patients to falsely inflate its online ratings by Washington State Office of the Attorney General on 29 December 2022 - "Attorney General Bob Ferguson today filed a federal lawsuit against Allure Esthetic, a major plastic surgery provider in Seattle, and its owner, Dr. Javad Sajan, for **falsely and illegally inflating its ratings on online rating platforms such as Yelp and Google. The company intimidated patients into removing negative reviews, and ordered its employees to post fake positive reviews.**" \* reddit Discussion on r/medicine

## YouTube

- [Washington attorney general announces plastic surgery lawsuit](#) by KING 5

## Supporting a Partner Through Surgery

## reddit

- [Partner just got bottom surgery, looking for advice/tips for the next few weeks/months](#) by inimicalamitus in 2022 - this is MTF
- [Facial Feminization Surgery and Rollercoaster Emotions](#) by Kindly-Quit in 2021
  - [Facial Feminization Surgery: Updates/thoughts/blog\(?\) 1 day before Operation](#) by Kindly-Quit in 2021
  - [Facial Feminization Surgery Update 2: Day of Surgery](#) by Kindly-Quit in 2021
  - [Facial Feminization Surgery: 3rd Update, Day 2](#) by Kindly-Quit in 2021
  - [Facial Feminization Surgery Update #4. Day 5. A VERY raw rant](#) by Kindly-Quit in 2021
  - [Facial Feminization Surgery: Update #5- day 6 1/2](#) by Kindly-Quit in 2021
  - [Facial Feminization Surgery: Update #7](#) by Kindly-Quit in 2021
  - [Facial Feminization Surgery Update #8 \(2 weeks post-op\)](#) by Kindly-Quit in 2021
  - [Facial Feminization Surgery Update #9 \(4 months post-op\)](#) by Kindly-Quit in 2021

- My girlfriend has CGS surgery soon :)) ([I got questions](#)) by Dry-Reindeer710 in 2020
- Minimal-Depth Vaginoplasty AMA - Partner's Perspective by queeroctopus496 in 2019, surgeon was Dr Hyer in USA
- Help with partners post Srs depression by Mrreaper3695 in 2019
- Accompanying Girlfriend to Thailand ([suporn](#)) for GCS... Advice? by IckyNikki415 in 2019
- Supporting Through the GRS Process by radziadax in 2018
- SRS Recovery (cis female with mtf partner) by 10ladybugs in 2018
- Honest reactions to M2F partner's SRS by zokiepokie in 2016
- My wife is having her SRS in a week. I'm scared :( by LoanMeAPony in 2016
- My girlfriend is considering SRS in Thailand; we're in the US. I'd love to go with her to help her during her healing period, but I'm concerned my weak stomach will be my downfall...What might I need to do while she heals? by SapphicSapphire around 2014

YouTube

- [Surgical Recovery | MtF | Transgender | GCS | Post Op | The Rage](#) by The Rage in 2021, "Calista relays her experience having now completed her gender confirmation surgery (GCS). While she continues her recovery in the hospital, Jennifer shares her own feelings at seeing her former partner now fully medically transitioned."

## Medical Guidelines

It's important to read and understand these guidelines as most medical practitioners follow them, or pretend to.

DSM5 diagnoses you with gender dysphoria (ie if you're transgender or not), and WPATH Standards of Care outline how you will be treated by the medical profession if you are transgender.

Useful links

- <https://www.florenceashley.com/academic-publications.html>

### Informed Consent

Informed consent is a standard medical practice not limited to transgender care. Everyone who receives any kind of medical treatment should understand the consequences of the treatment (be informed) and give consent to that treatment. Transgender people however are "special" and we have a bunch of extra rules (see WPATH SOC) because we're assumed to be not able to make our own decisions. Notice how cosmetic surgeries for example don't require psych letters.

If you appear unable to consent, or the doctor is not sure, then you're likely to be sent to get approval from a psychiatrist. This might be a problem if you're unable to communicate normally with the doctor - if you have autism for example. In this case the purpose is still consent, but from someone who is capable of evaluating you. It's not informed consent if you are asked to undergo therapy, and probably not if it requires lots of sessions with a psych or therapist. If you have no idea what you're doing or the consequences of HRT/transition you might also fail the informed part of informed consent, but chances are you're not reading this in that case. Usually a doctor would explain this all to you anyway, but I think it's best not to appear uninformed (plus transition is lifechanging so you should be informed).

[https://en.wikipedia.org/wiki/Informed\\_consent](https://en.wikipedia.org/wiki/Informed_consent) - "Informed consent is a process for getting permission before conducting a health care intervention on a person... A health care provider may ask a patient to consent to receive therapy before providing ... Informed consent is collected according to guidelines from the fields of medical ethics and research ethics. ... Informed consent can be said to have been given based upon a clear appreciation and understanding of the facts, implications, and consequences of an action. To give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts. Impairments to reasoning and judgment that may prevent informed consent include basic intellectual or emotional immaturity, high levels of stress such as post-traumatic stress disorder or a severe intellectual disability, severe mental disorder, intoxication, severe sleep deprivation, Alzheimer's disease, or being in a coma."

The individual criteria in the WPATH Standards Of Care that cover informed consent state "Capacity to make a fully informed decision and to give consent for treatment"

Access to informed consent for HRT depends very much on where you live. In some places it's common, others not. Informed consent for MTF bottom surgery is very rare and I'm only aware of two surgeons who do it (see the SRS introduction page).

In the USA medical insurance may require psych letters, but this is a different issue.

<https://thegalap.org/> - "The GALAP Movement. We are a group of transgender, nonbinary, and allied mental health clinicians in the U.S. who believe in improving access to letters for clients who are seeking gender-affirming medical care. We resist the harmful practices of gatekeeping and believe in an **informed consent** model where clients can affirm their gender identity without the steep cost of sessions with mental health professionals and reductionist clinical practices. As such, we want to create a movement towards to providing free and low-cost letters for gender affirming access to medical care."

Papers

- 2021 - [The Informed Consent Model of Care for Accessing Gender-Affirming Hormone Therapy Is Associated With High Patient Satisfaction](#) by Cassandra Spanos, Julian A. Grace, Shalem Y. Leemaqz, Adam Brownhill, Pauline Cundill, Peter Locke, Peggy Wong, Jeffrey D. Zajac, Ada S. Cheung - "Initiation of GAHT can be performed in primary care by GPs using an informed consent model and is associated with high patient satisfaction. Mental health professionals remain a key source of support."
- 2021 - [The continuum of informed consent models in transgender health](#) by Florence Ashley, Colton M St. Amand, G Nic Rider, see [pdf here](#)
- [Informed Consent in Aesthetic Surgery](#) by Lalit Kapoor in 2015

Other

- PDF [Australian Informed Consent for Gender Affirming Hormone Therapy](#) by AusPATH in 2022

### Minors

Minors face extra problems with medical care, and worse if they are transgender minors as depending on age they are generally assumed to be incapable of informed consent.

The Australian [transhub](#) site has a good explanation for the State of NSW.

There are three legally defined developmental stages for a young person's ability to consent to medical care.

- Young children, who are unable to consent
- Young people who are under 16, but Gillick Competent

\*Young people who are between 16 and 18, who are able to consent as an adult

Gillick Competence is a legal state where a person under 16 years old is considered to have "the degree of maturity and intelligence needed" to consent to a treatment. It changes depending on the nature of the medical decision, e.g. A different level of competence would be needed for having a small cut dressed compared to being prescribed a contraceptive medication. Being assessed as Gillick Competent can take some time, and it's a process doctors need to take very seriously. Parents generally hold responsibility for their children until the age of 18, however children gain the ability to independently consent gradually depending on Gillick Competence. This is individualised and determined on a case-by-case basis i.e there is no hard and fast rule on what reaching competence looks like. It's not quite as simple as one day someone being not Gillick Competent, and the next day they are."\*

[https://en.wikipedia.org/wiki/Gillick\\_competence](https://en.wikipedia.org/wiki/Gillick_competence) - "Gillick competence is a term originating in England and Wales and is used in medical law to decide whether a child (under 16 years of age) is able to consent to their own medical treatment, without the need for parental permission or knowledge."

### Gatekeeping

While Australia and NSW specific, this page (and site) is worth reading in its entirety.

<https://www.transhub.org.au/gatekeeping> - "For trans and gender diverse people, medical gender affirmation almost always requires interaction with some kind of health professional or medical body. When a health professional uses a model of informed consent, and takes a patient-led approach to facilitating medical affirmation, there is a balance of medical care and oversight, with patient needs, wishes, and hopes. Gatekeeping happens when health professionals place unnecessary and unfair hurdles in the path of affirmative care, and require trans and gender diverse patients to prove who we are and that we really want or need access to medically affirming care."

Other

- <https://www.gendergp.com/why-we-need-to-end-gatekeeping> in 2021
- [Gatekeeping hormone replacement therapy for transgender patients is dehumanising](#) - "Although informed consent models for prescribing hormone replacement therapy are becoming increasingly prevalent, many physicians continue to require an assessment and referral letter from a mental health professional prior to prescription. Drawing on personal and communal experience, the author argues that assessment and referral requirements are dehumanising and unethical, foregrounding the ways in which these requirements evidence a mistrust of trans people, suppress the diversity of their experiences and sustain an unjustified double standard in contrast to other forms of clinical care. Physicians should abandon this unethical requirement in favour of an informed consent approach to transgender care."

There's a good discussion of therapists red flags on susans.org that relate to gatekeeping

- [Red flags](#) by suzifrommd in 2014

YouTube

- [TransHub Talks: Gatekeeping](#) by ACON Health in 2020

In contrast for cosmetic surgery in the cis gender population the standards are different and gate-keeping practically non-existent.

- 2007 - [Excess mortality from suicide and other external causes of death among women with cosmetic breast implants](#) - "An increased rate of suicide among women with cosmetic breast implants has been consistently reported in the epidemiologic literature... Among women with implants, we observed statistically significant 3-fold excesses of suicide... Thus, screening for pre-implant psychiatric morbidity and post-implant monitoring among women seeking cosmetic breast implants may be warranted."

### Conversion Therapy

Conversion therapy is a horrific practice with serious long term consequences, including suicide

- <https://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy> - "So-called "conversion therapy," sometimes known as "reparative therapy," is a range of dangerous and discredited practices that falsely claim to change a person's sexual orientation or gender identity or expression. Such practices have been rejected by every mainstream medical and mental health organization for decades, but due to continuing discrimination and societal bias against LGBTQ people, some practitioners continue to conduct conversion therapy. Minors are especially vulnerable, and conversion therapy can lead to depression, anxiety, drug use, homelessness, and suicide."
- [https://en.wikipedia.org/wiki/Conversion\\_therapy](https://en.wikipedia.org/wiki/Conversion_therapy)

<https://healthliberationnow.com> - "Health Liberation Now! is a free, trans-run resource analyzing the social and political forces acting in opposition to health liberation for transgender, detransitioned, retransitioned, and gender diverse people, as well as those questioning their gender. We pair these analyses with collections of proactive resistance strategies that community organizers can use in pursuit of trans health liberation."

- [How to Avoid Anti-Trans Conversion Therapists](#) - "A survivor-developed guide to keep you or your loved ones safe."

### DSM5

The DSM-5 is the [Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition](#) contains a section on the diagnostic criteria for gender dysphoria. If you don't meet these criteria you could have great difficulty getting HRT/surgery.

There's an update to the DSM4 due in March 2022

- [Updated DSM-5 Text Revisions to Be Released in March](#) in psychiatryonline.org - "There have also been significant updates to the terminology to describe gender dysphoria. The term "desired gender" is now "experienced gender," the term "cross-sex medical procedure" is now "gender-affirming medical procedure," and the term "natal male"/"natal female" is now "individual assigned male/female at birth."

See [here](#), and I've copied out the relevant parts (also see the DSM 5 page 452).

The DSM-5 defines **gender dysphoria in adolescents and adults** as a marked incongruence between one's experienced/expressed gender and their assigned gender, lasting at least 6 months, as manifested by *at least two of the following:*

- A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
- A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

In order to meet criteria for the diagnosis, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The DSM-5 defines **gender dysphoria in children** as a marked incongruence between one's experienced/expressed gender and assigned gender, *lasting at least 6 months*, as manifested by *at least six of the following (one of which must be the first criterion):*

- A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender)
- In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing
- A strong preference for cross-gender roles in make-believe play or fantasy play
- A strong preference for the toys, games or activities stereotypically used or engaged in by the other gender
- A strong preference for playmates of the other gender
- In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities
- A strong dislike of one's sexual anatomy
- A strong desire for the physical sex characteristics that match one's experienced gender

As with the diagnostic criteria for adolescents and adults, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

## Differential Diagnosis

Differential diagnosis is a medical term, which is [defined by wikipedia](#) as "*In healthcare, a differential diagnosis (abbreviated DDX) is a method of analysis of a patient's history and physical examination to arrive at the correct diagnosis. It involves distinguishing a particular disease or condition from others that present with similar clinical features.*"

If you have any of these conditions you may have great difficulty getting HRT/surgery.

See the DSM-5, page 458, [source](#).

**Nonconformity to gender roles.** Gender dysphoria should be distinguished from simple nonconformity to stereotypical gender role behavior by the strong desire to be of another gender than the assigned one and by the extent and pervasiveness of gender-variant activities and interests. The diagnosis is not meant to merely describe nonconformity to stereotypical gender role behavior (e.g., "tomboyism" in girls, "girly-boy" behavior in boys, occasional cross-dressing in adult men). Given the increased openness of atypical gender expressions by individuals across the entire range of the transgender spectrum, it is important that the clinical diagnosis be limited to those individuals whose distress and impairment meet the specified criteria.

**Transvestic disorder.** Transvestic disorder occurs in heterosexual (or bisexual) adolescent and adult males (rarely in females) for whom cross-dressing behavior generates sexual excitement and causes distress and/or impairment without drawing their primary gender into question. It is occasionally accompanied by gender dysphoria. An individual with transvestic disorder who also has clinically significant gender dysphoria can be given both diagnoses. In many cases of late-onset gender dysphoria in gynephilic natal males, transvestic behavior with sexual excitement is a precursor.

**Body dysmorphic disorder.** An individual with body dysmorphic disorder focuses on the alteration or removal of a specific body part because it is perceived as abnormally formed, not because it represents a repudiated assigned gender. When an individual's presentation meets criteria for both gender dysphoria and body dysmorphic disorder, both diagnoses can be given. Individuals wishing to have a healthy limb amputated (termed by some body integrity identity disorder) because it makes them feel more "complete" usually do not wish to change gender, but rather desire to live as an amputee or a disabled person.

**Schizophrenia and other psychotic disorders.** In schizophrenia, there may rarely be delusions of belonging to some other gender. In the absence of psychotic symptoms, insistence by an individual with gender dysphoria that he or she is of some other gender is not considered a delusion. Schizophrenia (or other psychotic disorders) and gender dysphoria may co-occur.

**Other clinical presentations.** Some individuals with an emasculinization desire who develop an alternative, nonmale/nonfemale gender identity do have a presentation that meets criteria for gender dysphoria. However, some males seek castration and/or penectomy for aesthetic reasons or to remove psychological effects of androgens without changing male identity; in these cases, the criteria for gender dysphoria are not met.

## ICD 11

The International Classification of Diseases, maintained by the World Health Organisation, is an alternative to the DSM 5. It doesn't seem to be used much in trans health.

- [https://en.wikipedia.org/wiki/International\\_Classification\\_of\\_Diseases](https://en.wikipedia.org/wiki/International_Classification_of_Diseases)

The source, but it seems incomplete (as of Jan 2022)

<https://icd.who.int/browse11/l-m/en>

This seems more complete

- <https://trans.fyi/resources/quality-information/medicine/medical-diagnosis/icd-11/icd-11-chapter-17-gender-incongruence-text>

## ICD 10

ICD 10 is the prior version of ICD11

- <https://icd.who.int/browse10/2019/en>

F64.0 has the relevant diagnosis for "Transsexualism"

A desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex.

## WPATH Standards of Care

The WPATH Standards Of Care (v8) affects many aspects of trans medical care and like it or not, its important to read it.

- Version 8 - [PDF](#) and [HTML](#)
- Version 7 - <https://www.wpath.org/publications/soc>

Released in 2022.

- [https://www.reddit.com/r/Transgender\\_Surgeries/comments/xfanwx/wpath\\_standards\\_of\\_care\\_version\\_8\\_published](https://www.reddit.com/r/Transgender_Surgeries/comments/xfanwx/wpath_standards_of_care_version_8_published)
- [https://www.reddit.com/r/Transgender\\_Surgeries/comments/r7hq7r/wpath\\_soc\\_v8\\_draft\\_is\\_now\\_available\\_for\\_public](https://www.reddit.com/r/Transgender_Surgeries/comments/r7hq7r/wpath_soc_v8_draft_is_now_available_for_public)

There's related transgender run organisation, TPATH (WPATH's membership is mostly cis people).

- <https://www.facebook.com/groups/TPATH> - group contains some interesting discussions and links on WPATH.
- <https://www.youtube.com/channel/UCUfOUYdABcCtV8gHPKxGX>

Links

- [What do WPATH Standards of Care 8 actually say?](#) by Doc Impossible in 2022
- 2022 - WPATH committee chair endorses book by Christian writer with history of conversion therapy - *"In a move which will alarm many trans people, a senior figure at WPATH—the World Professional Association for Transgender Health—has given her enthusiastic endorsement to a book by Christian Conversion Therapy writer Mark Yarhouse. Laura Edwards-Leeper, the chair of the organisation's Child and Adolescent Committee, called the book '...an essential read for all mental health providers working with gender diverse and transgender individuals.'*"
- <https://transpolicyreform.wordpress.com/2021/10/09/transgender-affirmation-in-retrograde> - this is about Dr Marci Bowers (president elect of WPATH at the time) appalling interview with an anti-trans activist, see also this reddit post [Is Dr Marci Bowers transphobic?](#) by HildenStill (me) on 8 October 2021
- <https://transpolicyreform.wordpress.com/2018/07/28/and-then-a-step-to-the-right-the-2018-wpath-officers-election/>

## Version 7 Psych letters for Chest/Breast Augmentation

From page 105

### Criteria for Breast/Chest Surgery (One Referral)

**Mastectomy** and Creation of a Male Chest in FtM Patients:

1. Persistent, well-documented gender dysphoria;
2. Capacity to make a fully informed decision and to give consent for treatment;
3. Age of majority in a given country (if younger, follow the SOC for children and adolescents);
4. If significant medical or mental health concerns are present, they must be reasonably well controlled.

Hormone therapy is not a prerequisite.

### Breast Augmentation (Implants/Lipofilling) in MtF Patients:

1. Persistent, well-documented gender dysphoria;
2. Capacity to make a fully informed decision and to give consent for treatment;
3. Age of majority in a given country (if younger, follow the SOC for children and adolescents);
4. If significant medical or mental health concerns are present, they must be reasonably well controlled. Although not an explicit criterion, it is recommended that MtF patients undergo feminizing hormone therapy (minimum 12 months) prior to breast augmentation surgery. The purpose is to maximize breast growth in order to obtain better surgical (aesthetic) results.

## Version 7 Psych letters for Genital Surgery

From page 105-106

### Criteria for Genital Surgery (Two Referrals)

**Hysterectomy and Salpingo-Oophorectomy** in FtM Patients and **Orchiectomy** in MtF Patients:

1. Persistent, well documented gender dysphoria;
2. Capacity to make a fully informed decision and to give consent for treatment
3. Age of majority in a given country;
4. If significant medical or mental health concerns are present, they must be well controlled;
5. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual).
6. The aim of hormone therapy prior to gonadectomy is primarily to introduce a period of reversible estrogen or testosterone suppression, before a patient undergoes irreversible surgical intervention. These criteria do not apply to patients who are having these surgical procedures for medical indications other than gender dysphoria.

**Metoidioplasty or Phalloplasty** in FtM Patients and **Vaginoplasty** in MtF Patients:

1. Persistent, well documented gender dysphoria;
2. Capacity to make a fully informed decision and to give consent for treatment;
3. Age of majority in a given country;
4. If significant medical or mental health concerns are present, they must be well controlled;
5. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual);
6. 12 continuous months of living in a gender role that is congruent with their gender identity. Although not an explicit criterion, it is recommended that these patients also have regular visits with a mental health or other medical professional.

The criterion noted above for some types of genital surgeries—that is, that patients engage in 12 continuous months of living in a gender role that is congruent with their gender identity—is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery.

---

## COVID-19

Papers

- 2020 - [Clinical characteristics and outcomes of patients undergoing surgeries during the incubation period of COVID-19 infection](#) - "In this retrospective cohort study of 34 operative patients with confirmed COVID-19, 15 (44·1%) patients needed ICU care, and the mortality rate was 20·5%."

---

### Wiki Index

revision by [HiddenStill](#) — 6 months ago

[view source](#)

Use of this site constitutes acceptance of our [User Agreement](#) and [Privacy Policy](#). © 2025 reddit Inc. All rights reserved.

REDDIT and the ALIEN Logo are registered trademarks of reddit Inc.

π